

A NATION'S ILLS: MEDICO-NATIONAL ALLEGORY IN QUÉBEC, 1940-1970

by

Julie L. Robert

A dissertation submitted in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy
(Romance Languages and Literatures French)
in The University of Michigan
2009

Doctoral Committee:

Associate Professor Jarrod L. Hayes, Chair
Professor Martin S. Pernick
Associate Professor Frieda Ekotto
Assistant Professor Katherine M. Ibbett

© Julie L. Robert
2009

Preface

Throughout the work that follows, I will endeavor to define key terms and figures in context as they arise. Certain terms are nevertheless so central to the argument that a brief a priori definition may stave off confusion and more clearly situate the points I am making. With this potential complication in mind, I wish to explain my use of the term nation—particularly as it applies to Québec—which is influenced by both European ideas of nationhood and postcolonial thought. The European underpinnings of the question of nationhood in Québec surface in relation to who constitutes the nation: those who share traits or experiences, or those who agree to collectively constitute a distinct national entity. These two concepts of nationhood, the essentialist and the contractual, issue from nineteenth-century debates about national belonging, but have been in constant tension in Québec because of the English (Canadian) presence. This presence adds a third dimension to debates about the nature of the nation and the English in Québec, for it introduces elements of nationhood linked to postcolonial identity. Specifically, this aspect of nationhood centers on the colonized majority's negotiation of national identity in relation to a colonizing minority's vision of this same nation. The term nation consequently signals both an entity that derives its cohesion from inherent commonalities and also an entity that has collectively embraced and perpetuated a way of being that emphasizes internal cohesion among French Canadians in opposition to a perceived national Other. The enactment of nationhood in this way operates by, among other mechanisms, the elaboration of national narratives such as a national literature.

Table of Contents

Preface	ii
Chapter	
I. Sick Readings/Reading Sickness	1
The Nation as Body	
The National Paradigm	
Embodied National Paradigms: A Case for Allegory	
National Health, National Illness: The Québécois Case	
Diagnosis	
II. Diagnostic Allegories	59
Loaded Diagnoses, Empty Diagnoses	
Diagnostic Possibilities, Diagnosis As Impossibility	
Refusing to Diagnose and Denying Allegory	
III. Sick Doctors: An Allegory of Illness Or An Allegory of Cure?	127
Doctorly Exceptionalism	
The Talking Cure	
Cure as Disease, Disease as Cure	
Curative Patienthood	
The Patient's Voice	
IV. Reinventing the Illness Narrative	190
Illness Narratives: Social Realism or Social Causes?	
Charting The National Illness Narrative in <u>Cité Libre</u>	
Epilogue	240
Appendix	245
Works Cited	247

Chapter I

Sick Readings/Reading Sickness

Novels in Québec got sick between 1940 and 1970. The number of fictional narratives about illness exploded at a time of uncertainty over collective identity and unprecedented social transformation. The sudden appearance of this alarming literary symptom has divided critics as to the appropriate diagnosis. Some, indeed most, critics view the subject of (physical) sickness in Québécois literature as not requiring explanation.¹ The growing number of sick characters is dismissed as an expected result of the realist trend in literature that took hold starting in the late 1930s but which revolutionized Québec's literature when urban life found its way onto the page. As such, the novels are thought to merely reflect the unsanitary, disease-ridden existence that has historically accompanied the influx of poor rural populations into urban centers. Ben-Zion Shek, for example, notes the signs of disease, such as fingernails whose markings belie malnutrition, but categorizes them as mere "cinematic" details that enrich the realist novel (French Canadian 36). Others, like François Ricard, generally ignore sick characters, which suggests that disease is an unremarkable part of the narrative. So while the individual narratives of cancer, tuberculosis, heart failure, fevers, and disabilities may

¹ There is, despite the silence with regard to physical illness, a considerable body of criticism on mental illness and madness in Québécois literature. See Jane Moss, "Les folles du Québec: The Theme of Madness in Quebec Women's Theater"; Jennifer Waelti-Walters, "Beauty and Madness in M.-C. Blais' La Belle bête"; Marvin N. Richards, "Poet, Hero, Icon: Can We Still Read Nelligan?"; Claudine Fisher "Féminitude et folie dans Les Fous de Basan d'Anne Hébert"; and Alain-Michel Rocheleau "La folie de Marcel: Étude d'un personnage de Michel Tremblay."

elicit some comment in relation to the larger narratives or the realist movement, they are but rarely perceived as textual epidemics or indications of a sickening national literature in their own right.

For those critics who do, nevertheless, discern a pattern of meaning within the body of the narratives, they default to a reading that correlates a sick textual body with an enfeebled nation. Maurice Arguin, for instance, interprets illness among characters as part of larger social and individual problems which can be collected under the heading “*défaut de vie*,” designating a collective fatal flaw (79). Jane Moss, like Arguin, invests the sick character with metaphorical significance, and reasons that the text can thus be read as commentary on the nation: “This emphasis on physical, psychological, and sexual debilities suggests that these authors consciously or unconsciously see Québec society as unhealthy” (153). Consequently, the sick character’s body becomes a figure for the sick nation.

While equating the sick character with the sick nation opens the door to a number of rich metaphors, it nevertheless proves problematic. First, the excessive morbidity rate among Québec’s literary characters makes the nation not only sick, but also a terminal case. Second, the critical tendency (at least among those who acknowledge the sick characters as significant in their own right) to read illness narratives as commentary on the nation presupposes that the nation (at least prior to the 1960s) is separate from the illness narratives. Simply, these critics take the nation to be an outside element that must be “read into” the text. Illness narratives, bolstered by medicine’s pretensions to empiricism, are accordingly held up as metaphorized evaluations or assessments of a nation that can be viewed disinterestedly and objectively. Although such readings do

reveal a great deal about the nation, they generally fail to account for the ways in which the nation is both informed and shaped by literary representations of itself. When it comes to stories of sickness and disease, the imposed disjunction between text as commentary upon the nation and text as generative of the nation is even more acute, because critics tend to overlook the repercussions of reading and writing the nation as sick. Third, metaphorical approaches centered on the sick character as a locus for national meaning in Québec presuppose a problematic equivalence between the character's body and the nation. While metaphors necessarily imply relations of both difference and sameness between their constitutive elements (without difference there would be no point to the trope, yet without some commonality, there would be no basis for comparison), the tendency in Québec has been to overemphasize the continuities and to overlook the differences that strain the trope.

Yet to move beyond the earlier readings of illness narratives by taking into account the problems with the medical and the national entails reevaluating the premise that the nation is afflicted with the ailments of its literary characters. The propensity to read a character's venereal disease as an indication of national decadence and corruption or tuberculosis as a sign of a nation slowing wasting away and consuming itself has effectively produced, both in Québec and elsewhere, a series of national diagnoses based on literary symptoms. When certain literary diseases abound, as cancer and alcoholism do in Québec, these national diagnoses are issued and confirmed so often that they effectively become part of the national literary tradition, and thus the nation itself.

If, however, the model of the sick character as literary shorthand for a sick nation is to be overcome and a broader, less formulaically morbid, perspective introduced into

reading French Canadian medical narratives, readers and critics will have to look beyond the sick body.² The key to such an exercise rests not in rejecting the medical trope altogether, but rather in expanding the scope of what is considered medico-nationally relevant. By considering more than just the presence or absence of disease in a text as the measure of the nation's health it becomes possible to read the story of illness, the medico-national allegory, in its entirety.

To take the entire narrative of sickness into account allows for a reading that exposes the often unusual, and at times contradictory, ways in which the nation-sickening disease functions in the text. Consequently, the texts' allegorical diagnoses of the nation are put into question as readers become diagnosticians not of the nation, but of a national literary tradition that has normalized medico-national allegories to the point that textual disease is assumed to be an indicator of the nation's poor health. By considering that it is perhaps the narrative about illness that constitutes a "sick" body, and the simplistic way of reading disease which cultivates a greater sense of national pathology than may actually exist, mid-century Québec's literature and nationhood are offered a potentially more optimistic second opinion.

The Nation as Body

If Québec's sick characters have been the focal points of the province's illness narratives, it is because the body and its processes have long served as the basis for any number of tropes. People are said to experience hungers and thirsts that do not involve

² The convention in Québec Studies is to refer to literature prior to 1960 as *French Canadian* and to that after 1960 as *Québécois*. Critics like Maurice Arguin, who are heavily influenced by postcolonialism use the label *Québécois* for any literature produced in Québec regardless of time period. I will use both designations interchangeably, unless specifically noted.

physical sustenance. The metaphorical mention of particular organs, such as the heart and the spleen, connote the emotions and temperaments once said to reside in or issue from them. Specific diseases served as cultural shorthand for a wide range of perceived failures and shortcomings that were thought to precipitate the affliction. Syphilis, contends Claude Quétel, was a terrifying disease associated with “sexual depravity,” (4) “lecherous ways,” (5) and war owing to its having been rampant among soldiers (from the Renaissance to the twentieth century) who frequented prostitutes while deployed. Tuberculosis and typhoid, reports Nancy Tonnes, were frequently (and justifiably) linked to dirt and filth in the twentieth century. As a result, women close to those infected—particularly when they were mothers—“were vulnerable to shame and grief” for allowing their homes to become dirty and therefore infectious locales (204).

The prominence of what might be termed the rhetorical body, the same one that has drawn the attention of some of Québec’s readers and critics, owes to the universality of the actual body. This is to say that everyone has a body and, to varying degrees, understands its processes. The familiarity of the body thus makes it an effective, even if a somewhat problematic, signifier.³ The tangible and readily comprehensible aspects of the actual body make its rhetorical counterpart an ideal trope for qualifying and explaining highly contingent, complex, and disputed concepts. Through its metaphorical or allegorical association with abstractions or ill-understood processes, the rhetorical body lends to these inexact or hard-to-define entities much of the objectivity and concreteness that they are thought to lack. It is in this manner that the rhetorical body

³ Sontag, for instance, acknowledges the currency that illness (or more appropriately disease) metaphors have in Western culture but also cautions against conflating the individual with their condition because doing so ignores those who are in fact sick with the real diseases at the heart of the metaphors. Liat Ben-Moshe takes a more didactic approach to the question of bodily metaphors in her discussion of how to teach José Saramago’s Blindness.

bridges the perceived gap between the tangible and the intangible, the largely practical and the mostly theoretical, the organic and the ideological.

The most common yet enduring example of this naturalizing bodily association is the concept of the body politic. This concept (which has been used in defense of, among other things, absolutism and the English split from the Roman Catholic Church) has been widely employed in Europe from the Middle Ages and the Early Modern period to the twentieth century. In its simplest articulation, it holds that any state or nation may be thought of as a physical body. The sovereign or leader acts as the head, the decision-making and governing part of the body, and the people comprise the rest of the whole, as limbs and other sundry parts.⁴ With the Enlightenment's two-fold emphasis on science and progress and its questioning of absolutism, the body politic took on new meaning. The overt ideological inflections of the model, for instance as justification for absolutist rule, were increasingly cast aside during the so-called age of reason. The concept of the rhetorical body that underpins the body politic, however, did not disappear. Rather, the rhetorical body benefited from the scientific orientation of the period, which upheld, in the words of Donna Haraway, "untrammelled reason, progress, and materialism" (20) to lend the impression that the symbolic body was (now) progressively more objective, scientific, and free from ideological encumbrances.

What Haraway does not comment upon, however (presumably because her focus is on the scientific community rather than society at large), is the fact that the changes to the scientific and social order were not merely coincidental, but were instead mutually

⁴ The concept of the body politic also underpins the discourse of the king's two bodies, for the potential incapacitation of the head requires a solution that gives the sovereign two bodies: one physical and entirely human, and another political that transcends the limitations of the physical to be largely immortal. See Ernst Kantorowicz, [The King's Two Bodies: A Study in Medieval Political Theology](#).

reinforcing processes. The ways in which the Enlightenment altered the thinking about the rhetorical body produced a kind of tension whereby what might be called the ideology of Reason (which ironically was touted as the antithesis of ideology) was subsumed by positivism's claim to objectivity. As science was able to explain more about actual bodies and biology, the rhetorical body became more powerful through what was perceived to be a greater distance from ideology, or for that matter, anything that was not "pure" science. Nevertheless as people became more conscious of the social power of "Reason," "Science," and "Objectivity," the Enlightenment-inspired scientific discourses were in turn pressed into service of various ideologies. In the years following the Enlightenment, naturalist and realist discourses took up the rhetorical body to similar political and ideological ends as their body politic-using forebears. The Enlightenment's legacy with regard to the body politic might therefore be regarded as one of fostering a particular scientific discourse while denying the status of this same discourse as being constructed or ideology-driven.

As with the triumph of Reason, the naturalists and realists simultaneously advanced an ideology while largely denying the influence of anything but objectivity, nature, and science. Sandy Petrey accounts for the political dimension of this rhetorical dissimulation, noting:

Every dominant class must seek to represent the social system that assures its domination as the consequence of conditions no more subject to revision than one season succeeding another or one thing being named by one word. An essential task of ideology is to confuse nature and history until the difference between them is erased from collective consciousness and the conventional effects of conventional procedures appear to be the material effects of a physical cause. (180)

Petrey rationalizes that in the wake of the Enlightenment, groups seeking to defend their positions eschewed old forms of ideological justification (for instance the concept of Divine Right) in favor of explanations that were understood to be natural, scientific, and therefore unchangeable. In the century, as groups sought to justify the various political and ideological movements that were sweeping Europe, the rhetorical body had, in a manner of speaking, come back to life. This time, however, the rhetorical body was not pressed into service by different types of governments, but rather by social movements, such as nationalism.

Authors as diverse in their ideological beliefs on the nation as Émile Zola and Maurice Barrès, relied on the organicizing power of the body to naturalize the (competing) nationalist ideologies they espoused.⁵ Each one delved into the rich semantic field of the body and relied on it to represent as inevitable the idea of the nation they touted. David Caron aptly encapsulates the pervasive nationalist bodily rhetoric in what he has termed the nineteenth-century “bourgeois-nation-as-body”: it has “natural boundaries; it consumes, expels waste, seeks normality, reinforces its defenses, fights foreign bodies, and fully realizes itself in the process of reproduction” (9). Gathering these tropes from a variety of sources, Caron signals not only the descriptive or explicatory function of the rhetorical body, but also insists on its performative role. The rhetorical body not only represents, but also, and more importantly, creates the belief that the nation is a natural entity whose problems can be diagnosed, treated, and cured as though it were an actual biological being. This idea of nation-as-body proved to be enduring not only in overtly political or national discourses, but also—and even more

⁵ For more on the roots of Barrès’s appeal to organicism, see Zeev Sternhell, Maurice Barrès et le nationalisme français.

prominently—in other genres, such as novels. In France, Émile Zola, Gustave Flaubert, and other naturalists made the novel and the predictable fates of its characters the barometer of the nation’s metaphorical health.

While the heyday of the national-rhetorical body in Europe coincided with the late nineteenth and early twentieth centuries, Québec truly embraced the rhetorical body starting in the 1930s and 1940s. At first, and contrary to the French example, this body was primarily relegated to literary texts. Nevertheless, by the 1950s it had exploded into political and journalistic arenas. Making the jump to nonfiction discourses, the rhetorical body became something of a myth in Québec with, ironically enough, a life of its own. As a result, a considerable effort has gone into refuting the idea of Québec’s unitary body. For example, Charles Côté and Daniel Larouche’s 2000 study of rural health care in modern Québec cautions: “Contrairement aux individus, les populations n’ont pas d’organes: elles ne peuvent donc être affligées de maladies organiques” (56). [Unlike individuals, populations do not have organs: consequently they cannot be afflicted with organic illnesses.] Côté and Larouche’s warning is only one of the most recent echoes of earlier admonitions against the idea of a rhetorical Québécois body. In 1962, Pierre Trudeau alerted his Cité libre readers to the pervasiveness of the naturalizing influence of the rhetorical body in right-wing, nationalist political discourse: “La nation n’est pas une réalité ‘biologique,’ je veux dire une communauté qui découlerait de la nature même de l’homme (“Trahison” 5). [“The nation is not a biological reality—that is, a community that springs from the very nature of man” (“Treason” 156-7).] Trudeau’s reference to the mythologized national body reminds French Canadians that the nation as they had always known it—conservative, Catholic, rural, and ethno-centric—need not be its immutable

and natural state. More generally, his warnings against bodily rhetoric serve to caution his readers against blindly accepting nationalist rhetoric.

Trudeau's admonition about the political insidiousness of tropes in Québec notwithstanding, he makes ample and equally political use of them himself. His own political success, after all, depended on convincing people that Québec's problems were likely to respond to the therapeutic approach of his policies, but not of his political opponents. In seeking to explain to French Canadians why their nationalist projects, namely separatism, are ill advised Trudeau proffers: "La nation canadienne-française est trop animée culturellement, trop dépourvue économiquement, trop attardée intellectuellement, trop sclérosée spirituellement" ("Trahison" 12) ["French Canada is too culturally anaemic, too economically destitute, too intellectually retarded, too spiritually paralysed" ("Treason" 170)] to survive as a sovereign state. In labeling French Canada (namely Québec) with terms that are medically salient (although selectively dated,) Trudeau uses the nation not only as a rhetorical body, but also depicts it as a body that is so profoundly marked by abnormality and pathology that it cannot thrive on its own. It is thus that Trudeau becomes a diagnostician, identifying conditions that are, while sometimes treatable, often chronic, and largely incurable. Trudeau thus follows the lead of his European forebears in that he styles himself as a diagnostician of the nation's ills.

The reach of medical tropes in Québec is by no means limited to political discourse. It was indeed quite common for literary critics, historians and other cultural commentators, regardless of the political orientation of their work, to look back to the 1940s, '50s, and even '60s and to describe the nation using the rhetoric of the clinic. Literary critic Maurice Arguin subtitled his 1991 book Le Roman québécois de 1944 à

1965, "Symptômes du colonialisme et signes de libération." The choice of "symptoms" and "signs" to describe the suppressed and then free expression of nationalism in Québécois novels may initially appear innocuous. When one considers, however, that these terms act as tropes that refer both to themes in Québec's novels and to indicators of disease, the mid-century Québécois novel—and the nation—are pathologized by the clinical association. In a similar vein, historian Michael Behiels comments upon both liberal and neo-nationalist (early sovereigntist) appraisals of the socio-political situation in Québec: "Their diagnosis of Québec society as being gravely stricken with the cancer of authoritarianism and political corruption did not lead to despair" (235). The choice of cancer as metaphor for authoritarianism and political corruption, imparts not merely strongly negative, but also potentially fatal connotations to the authoritarian nation. That Behiels characterizes the criticism voiced by those he studies as a "diagnosis" only further reaffirms the bodily connotations imparted to the nation. By mirroring the medical rhetoric of its sources—Arguin draws on many of the same literary texts that form the basis of the current study, Behiels looks at Cité libre and other political writing—the secondary literature confirms the idea that the nation is sick.

Québec's medical rhetoric, like its European counterpart, is often diagnostic. Many of the European examples, however, also aim to be curative. Emile Zola's Rougon-Macquart series, is an unapologetic exploration of the host of ills (venereal disease, alcoholism, developmental delays, tuberculosis) that plague the series's title families and prescription for remedying them, and through their symbolic mediation, late-nineteenth-century France. In Québécois examples, notions of cure nevertheless seem divorced from the diagnostic task the texts perform. Both Trudeau and Behiels diagnose

chronic conditions, which either have no cure (retardation, paralysis) or which were (and in many cases remain) quite difficult to treat effectively (anemia, cancer). Arguin's literary history, which works from Albert Memmi's contention that colonization is a psychologically pathological state of being, also supports the morbid prognosis for the nation. Arguin argues that French Canada, the sickly nation of traditional nationalists, must die so that a new and healthy nation, Québec, can be born. Although Arguin's argument is rooted in the kind of neo-nationalism that led to the sovereignty referenda, and is therefore predicated on the unviability of French Canada (as opposed to an independent Québec), he nevertheless reads Québec's literature in a way that not only suggests, but also demands the non-viability of the French Canadian nation. Even the high rate of fatality that marks Québec's literary illness narratives suggests that Québec, at least insofar as it is analogous to the rhetorical body, cannot be cured.

Despite the readiness on the part of Québec's national leaders and its cultural commentators to embrace the (morbid) rhetorical body, they do so in a manner that occludes certain realities of why they speak of their nation as a body. The ills with which Québec (and French Canada more generally) are afflicted are largely systemic ailments. Anemia, retardation, paralysis and even cancer, particularly when used as a metaphor for the widespread problems Behiels references, affect more than one part of the body. While potentially localizable, their effect is nevertheless felt throughout the body. For those seeking to make the point, as Trudeau does, that these ills are such that they threaten the viability of a separate Québécois body/nation-state, the metaphor is apt. Yet Trudeau, one of the most ardent federalists that Canada has known, seems to ignore the status of the infirm Québécois body/nation in relation to the larger Canadian one that

encompasses it. While Québec's status as a nation-within-a-nation is controversial, the idea underpinning the French Canadian example is all the same a relatively common one, both in theories of nationalism and in practice.⁶ Still, the convention of casting the nation-within-a-nation as a rhetorical body suffers from an oversight that challenges the foundations of what has become a pervasive trope.

In Québec, the ills from which the nation-within-a-nation (or the potential nation state) is said to suffer are so severe as to be mentally and physically crippling (at best) or fatal (at worst). Yet the impact of these diseases and conditions on the larger national body of Canada goes unnoticed by even those most attuned to the dynamic between the nations, be they nations in the more abstract sense of a people or recognized sub-national, political entities, such as provinces. French Canada's paralysis in no way impedes Canada's march, Québec's invasive cancers pose no metastatic risk, and its anemia does not alter the blood count of the nation state that comprises it. It is thus that Québec and its bodily rhetoric are always inscribing and creating a national illness for itself, albeit one that defines Québec as a distinct (if still pathological) national body. At the same time, those who, like Trudeau, doubt the viability of the nation-within-the-nation (in favor of a singular but uniformly bilingual and bicultural nation) ignore the singularity and unity of the rhetorical body that makes their discourse of disease and pathology possible.

⁶ The so-called "Two Nations" theory was used to justify the splitting of India and Pakistan into two separate states in 1947. Separatist groups of many stripes, including the Basques in Spain, have reasoned (and agitated on the idea) that multiple nations within a single nation state constitute an unreasonable and impracticable situation. Anti-separatist groups have similarly argued against the existence of multiple nations within one nation state and have campaigned (often violently) to impose homogeneity within a single state.

Reconciling the particularities of Québec's national situation and a more general bodily discourse that—at least in theory—conforms to accepted scientific norms, proves to be an undertaking that requires the reader to first identify the gaps in the nation-body relationship, and then to make sense of them. The direly sick nation Trudeau discusses, for instance, survives because it is part of a larger, presumably healthy nation. Given Trudeau's strongly federalist stance, it would seem that the Cité libre editor and contributor was of the opinion that (English) Canada's vitality makes up for Québec's bodily failings. According to his logic, Québec's national pathologies are mitigated enough for them to pose no serious risk to either the larger Canadian nation state or the smaller nation-within-a-nation. When Québec's bodily discourse is pushed to its limits, as it is in a 1962 article by Jean Bouthillette, sickness is declared essential to Québec's vitality as a self-styled nation of resistance:

Sa survivance est donc issue de sa précarité. La survie canadienne-française s'inscrit dans un dialogue douloureux, tragique et possiblement mortel, entre les deux entités de notre identité collective. (12)

[Its survival originates in its precariousness. French Canadian survival issues from a painful, tragic, and possibly fatal dialogue between the two entities of our collective identity.]

If, however, Québec's pathology is neither recast as a spur to its vitality, nor dismissed as being relatively benign to itself and the rest of Canada, the question of national consequences seems to be largely absent from the discourse that medicalizes and pathologizes the nation. Because these medical metaphors are never fully explained in relation to Québec's complex nationhood, Québec becomes a nation dependent on another for its health or, alternately, a sick nation in its own right.

The rhetorical disjunction arising from the general notion of nation-as-body and Québec's medicalization of the nation-within-a-nation unsettles the simplicity imputed to the rhetorical body and other medical tropes, for it calls into question the explicative utility of the metaphors and other tropes. The medical tropes in question, after all, are meant to simplify, illustrate and explain that which is harder to grasp as politicians and writers seek to persuade their audiences. While arguably a specific case, Québec's difficulties with and challenges to the concept of the body politic point to more systemic problems with medico-national discourse. Specifically, the diseased nation-within-a-nation leads, as Donna Haraway argues, "to the testing of the neutral parts of the analogy...to a searching for the limits of the metaphoric system and thus generates the anomalies important to paradigm change" (9 emphasis in original). It is only subsequent to the collapse of (or even evidence of faults within) the signifying system established by the metaphor that one truly seeks to understand the implications of the trope itself, and moreover, that which the metaphor explains. In the case of Québec and its frequent use of medical rhetoric, the medical analogies centering the body politic, which may hold up when the nation is conceived of as a relatively unitary state, begin to crumble when the analogy is pushed, and both the medical and national implications of the specific trope are pushed to their logical ends. Québec's unique national situation thus gives occasion to rethink how and why nations are likened to bodies, and to re-evaluate the critical approach to texts that employ the idea of the body politic.

The National Paradigm

The problems that arise from trying to conceive of Québec, a nation-within-a-nation, as a singular, biological body reveal a need for, among other things, a more nuanced understanding of what is meant by nation. The expression nation-within-the-nation, which best describes Québec, encapsulates the inherent difficulty of defining the nation. Most often, nation-within-a-nation is used in reference to groups like the Québécois, the Basques, and other minorities, and combines two different senses of nationhood: the first less formal in that it is generally based on a common ethnic, linguistic, or religious affiliation, and the second coinciding with a political state. The obliqueness of the term nation, however, calls for a more contextual definition. The Québécois and most scholars of the region typically employ the term nation in reference to a hoped for nation state or the province of Québec, which exercises some powers akin to those of a sovereign state, notably control over its own immigration and educational policy and some overseas diplomatic missions (the délégations générales) representing its particular interests. Neo-nationalists, as described by Behiels, and what have come, perhaps more appropriately, to be called sovereigntists have been the most likely to use the term in this manner. For them, the province of Québec is a nation (state) with a distinct cultural heritage and concerns that justify the use of the term nation in its fullest political sense. Even when questions of sovereignty are largely off the public agenda in Québec, it is common for academics to speak of the question of nationhood not as a theoretical issue, but one closely tied to the practicalities and concerns of the sovereignty movement.

The state-like (or rather state-inspired) neo-nationalist or sovereigntist nation, nevertheless, overlaps significantly with what Richard Handler calls a “national culture” or a form of unofficial nationalism that exists largely independent of a political state. This national culture springs from the unifying powers of language, religion, race, and geography. To that effect, the Québécois nation (state) envisioned by the sovereignty movement takes the province’s French-speaking character as its defining trait. (As early as the 1930s, some nationalists called for an independent Québec, renamed La Laurentie, as a homeland for French Canadian Catholics.) Other elements of clerico-conservative nationalism—Catholicism, rurality, ethnocentrism, and an attachment to the land—also shaped this national culture, albeit more as historical legacy than actuality by even the 1960s. The importance of these shared traits to defining Québec as a nation persisted well past the time when Québec could realistically claim to adhere to this unified national culture. Certain elements of this national culture, however, firmly anchor the sense, common to many in Québec, that they constitute a nation unto themselves. The federal government’s formal recognition of Québec as a “distinct society,” owing to the shared traits that anchored Québec’s national culture, helped to quell the sovereignty crisis of the mid-1990s. Even in 2006, a controversial parliamentary motion by the Bloc Québécois to recognize Québec as “a nation within Canada” prompted Steven Harper’s Conservative government to reintroduce and pass a motion with a subtle but significant change in wording that granted “Quebecers” the status of “a nation within Canada” because of their distinct national culture.⁷ In addition to focusing an unprecedented level of popular attention on the subtleties of defining nationhood as it pertains to Québec and Canada, the controversy over Québec’s special status as a nation-within-a-nation

⁷ See Elizabeth Thompson, “Quebecers as a Nation—Harper: Pre-Emptive Strike.”

reinforces the nation-constituting powers of the shared traits that underpin its national culture. The formal legal endorsement accorded to Québec's national culture, both in Québec and Canada more generally, accords legitimacy to what Handler perceives as a nationalist ideology, whereby "to be Québécois is to act Québécois, and to act Québécois comes naturally to those who are Québécois" (39).

The idea that nationhood is in some way an intrinsic or indelible trait, that it can be described using the verb "to be," echoes the kind of thinking about the nation typical of what might be called closed nationalism, which has been theorized, in Québec, by nationalist cleric Lionel Groulx, and in France, by authors such as Maurice Barrès.

Barrès contends that a nation's mindset issues from its biological heritage:

Elles [les pensées] ne viennent pas de notre intelligence; elles sont des façons de réagir où se traduisent de très anciennes dispositions physiologiques" (31).

[They [thoughts] do not come from our intelligence; they are ways of reacting that translate very old physiological dispositions.]

Groulx, for his part, speaks plainly about the overlaps between race and nation in

Québec: "Distincts, nous le sommes, ...par des caractères physiques et moraux déjà fixées et transmises avec la vie" (7). [Distinct, that is what we are, ...by the physical and moral characteristics that are permanent and transmitted at birth.]

This kind of nationalism continually returns to the idea of a nation fixed in the very bodies of the people who comprise it and the land that they inhabit. It conveys, to quote Handler, "a sense of wholeness and boundedness" that coincides with notions of the rhetorical body (40).

While Handler and the political emphasis on the distinct national culture in Québec underscores the idea that the nation is limited to those who share in the language,

religion, geographic origins, and ethnic identity common to the Québécois of French-Canadian origin, Québec's nationhood is more than simply "homogeneity encompassing diversity" (Handler 15). As Handler notes, there is an element of acting Québécois that factors into the nation. And although he admits that this enactment of the national culture "comes naturally" to those who share in the traits, "traditions, typical ways of behaving, and characteristic modes of conceiving the world," he nevertheless dedicates much of his argument to exposing the various ways in which Québec consciously performs its national culture (39). These performances, often literally staged as displays of tradition and authentic Québécois life for tourists and residents alike, contrast with the traits and modes of thought and behavior that were actually common to even those who share in the objectified characteristics that define the Québécois as nationally distinct. In recognizing the aspects of Québécois culture that are very deliberately acted out, Handler points to the more general premise—subsequently elucidated by Homi Bhabha—that nations are formed by the performance of a nationalist ideal. In Québec, this nationalist ideal, which Bhabha terms "pedagogy," is rooted in the ideas of historical origins and shared traits.

The sustained performance of national pedagogy, which is common to all nations, recalls an idea of nationhood put forth by, among others, Ernest Renan and Benedict Anderson. For them, the nation results from processes of collective remembering and forgetting, mutual sacrifice, and a perception of (if not an actual) shared history, all of which contribute to a willingness to live as a limited, but sovereign solidarity. Those who participate in these processes—regardless of their race, language, religion, or place of origin—constitute the nation. In electing to see themselves as part of this nation, to perform the national pedagogy, they bring the nation into existence as what Anderson has

termed an “imagined community.” The enactment of nations or imagined communities through performance accentuates the idea that nations are based both in being and in action, in conceptions of the nation that are both closed (based on shared traits) and open (based on participation).

Given that the term nation in Québec conjures both an essentialist and a participatory form of nationalism, one that nevertheless draws on a national culture, an alternative term may help dispel confusion as to what exactly is meant by nation. It is thus that I propose to think of nationhood, particularly in the Québécois context, as a national paradigm. My concept of the paradigm (appropriately enough given the turn to scientific metaphors and their claims to objective truth) comes from Thomas Kuhn’s The Structure of Scientific Revolutions. For Kuhn, the paradigm is an organizing principle for all scientific knowledge, a structure that gives shape to a body of facts and theories. It has a frame and a content, neither of which can exist independently of one another. Donna Haraway, who contends that the success or failure of metaphors in describing scientific phenomena contributes to paradigm shifts, echoes the centrality of the paradigm as a supple yet effective organizing principle.

Kuhn and Haraway both make the case for recognizing the paradigm as dual not only in structure, but also in function. By this they mean that the paradigm is both a “shared constellation of belief” and a “model or example” (Haraway 3). This is to say that a paradigm, national or otherwise, is always both communal and exemplary in nature. The inherent difficulty with the national paradigm’s dual functionality, however, is the nearly inevitable conflict between the communal and the exemplary functions. As Bhabha notes in his discussion of the pedagogical (exemplary) and the performative

(communal) aspect of nations, there is “tension between signifying the people as an a priori historical presence, a pedagogical object; and the people constructed in the performance of narrative, its enunciatory ‘present’ marked in the repetition and pulsation of the national sign” (211). This tension results from the need to negotiate the national pedagogy and for the people to perform their national culture in a way that defines and delimits the nation. Yet postcolonial critics in particular have noticed—owing to the marginal positions of many of their subjects—that the performance of this idealized national culture or pedagogy is inevitably problematic and imperfect. As Jarrod Hayes observes in Queer Nations, “writing the Nation is always a rewriting, and in rewriting, there is room for subversion” (134). The communal performance therefore clashes (or as Handler observes, rings hollow) with the exemplary national pedagogy.

The third notable aspect of the paradigm is the fact that it changes over time, albeit in a manner that makes the gradual transformation all but imperceptible as a true paradigm shift until after it has occurred. The intervening periods of transition are experienced as phases in which there are unresolved questions, unease, and disruption to the norm. Kuhn maintains that these instances of discord during paradigm shifts can be, and in fact are, largely ignored once the change is complete and new paradigm has replaced the old.⁸ For others, notably Eve Sedgwick, it is these periods of indeterminacy between paradigms that provide the greatest insight into the subject of the paradigm. Taking up the issue in relation to sexuality, she argues that issues “are structured, not by the supersession of one model and the consequent withering away of another, but instead by the relations enabled by the unrationalized coexistence of different models during the

⁸ Kuhn’s notion of the paradigm, while binary in structure, is essentially holistic insofar as science supports the existence of only one paradigm of “normal science” at a time.

times they do coexist” (47).⁹ Prioritizing the situations that fit neatly into neither the old, nor the new paradigm thus provides a lens for examining the incongruities that are all too often discounted once the shift from one paradigm to another is complete. In Québec, revisionist historians and social scientists have adopted this approach and have given new value to the events and subtle social and political shifts occurring throughout the 1940s and '50s. In doing so, they have broken away from the notion of the Quiet Revolution as a paradigm shift in Québec.

My intention is to draw on this historical approach to rethinking not just the nation in Québec, but also the traditional ideas about when the nation was healthy and when it was ill. Critics like Maurice Arguin and Maurice Lemire, have emphasized the rise of the sovereignty movement as the moment of paradigm shift in Québec's literature. They argue novels are either “Québécois” or “French Canadian” and that such labels are the result of the waxing and waning of the independence movement:

La victoire du non au référendum ne vient-elle pas confirmer l'hypothèse d'une colonialisme toujours latent? Après avoir été Québécois, ne sommes-nous pas en train de redevenir Canadiens français? (Lemire 10)

[Does the no victory in the referendum not confirm the hypothesis of a still latent colonialism? After having been Québécois are we not again becoming French Canadian?]

To collapse the binary of Québécois and French Canadian, just like taking apart the myth of the Quiet Revolution as a watershed moment, forces a recognition of those elements that both can be (and have been) ignored once the new paradigm is in place. Indeed, coming to understand and value these interstitial moments may ultimately reveal that the

⁹ While Sedgwick draws mostly on Foucault's idea of the paradigm, there is considerable overlap between the French philosopher's definition, applicable to all knowledge, and Kuhn's explanation of the paradigm as a manner of organizing scientific knowledge.

earlier situation, the paradigm before the shift, was not as backward, colonized, or otherwise “sick” as some historians and literary critics have asserted.

The issues that combine in the national paradigm—its communal and exemplary functions and the manner in which it shifts—are in many ways easier to comprehend in Québec than the central questions that define the national paradigm: who is included and what are the parameters that establish their inclusion or exclusion? The first of these questions has been a recurrently divisive issue for the Québécois, who have struggled, and continue to grapple, with identifying the limits of their nation. More often than not, the question is evaded or treated obliquely rather than addressed head on. To wit in Québec, the nation has become one of those terms that it has become easier to use than define.

Quite apart from the question of whether the nation is evoked in terms of “who?” or “what?” these paradigm-structuring questions take on their own fine distinctions. Marcel Rioux’s study Les Québécois highlights the thorniness of the problem as he traces the evolution of the names by which the French-speaking people in Québec have called themselves over the years: Canadiens, French Canadians, Canadiens français, Québécois. These appellations, which balance linguistic identity with geographic location, have shifted largely as a result of interactions with Anglophones. When settlers from the British Isles began calling themselves Canadian, they distinguished the earlier French settlers by adding the ethno-linguistic reference. The French in turn translated the term, so as to reclaim it, albeit as one of the first anglicisms in Canadian history. Québécois came about so as to remove any trace of English from the national designation. In recent years, immigration of Anglophone, Allophone, and non-European Francophones, as well

as the debates about the status of first nations populations in Québec has further complicated the issue. Québécois can now have a strictly political sense (residents of the province) or may retain its nationalist implications. This confusion often forces writers to invent awkward identifiers such as “Quebecers of French-Canadian heritage,” to delineate those—the pure laine or de vieille souche—who have traditionally thought of themselves as being the nation (Létourneau 4).

At the heart of the debate, or rather the now somewhat taboo conversations, about who should or should not figure into the national paradigm is the question of which criteria determine one’s being part of the national paradigm’s frame. These conditions for national belonging in turn become the content of the national paradigm. As the list of national designations supplied by Rioux suggests, Frenchness is central to defining the national paradigm in Québec. “Frenchness” originally encompassed a constellation of almost binary characteristics that separated the French settlers from their English counterparts: Francophone as opposed to Anglophone, Catholic not Protestant, rural not urban. With the arrival of large numbers of Irish Catholic immigrants in the nineteenth century, religion became a less precise demarcation of those who conceived of themselves as belonging to the national solidarity and those they viewed as anathema to the nation. When waves of Italian and Portuguese immigrants arrived in the early twentieth century and in the post-war years, the Francophone claim of Catholic distinctiveness was even further undermined. The gradual shift away from the Church that occurred in the wake of World War II, and which became an overt phenomenon in the ‘60s, only further distanced religion from the national paradigm. When urbanization in the early twentieth century pushed French Canadian farmers into the tenements of the

province's cities and the factories of New England, the urban-rural distinction also became more of a nostalgic notion than a true test of national belonging.

Many of the dichotomies that separated the Québécois from the national Other dubbed les Anglais (in reference both to the English colonizers and their Anglo-Canadian descendents) disappeared as the result of gradual social changes that culminated in the Quiet Revolution. Language, the surviving binary, thus became the litmus test of national culture and the definitive content of the national paradigm. Parti Québécois founder René Levesque proclaimed language the unifying element of Québec's national paradigm:

Au coeur de cette personnalité se trouve le fait que nous parlons français. Tous le reste est accroché à cet élément essentiel, en découle ou nous y ramène infailliblement. (19)

[At the core of this personality is the fact that we speak French. Everything else depends on this one essential element, flows from it, or brings us unfailingly back to it.]

As if to lend legitimacy to the role of language in the national paradigm, Union Nationale, Parti Québécois and even Liberal governments of post-Quiet Revolution Québec passed language legislation that not only restricted signage, but also prescribed the language of instruction in publicly funded schools. These measures made language the central preoccupation of a provincial political leadership that also styled itself as a class of national leaders and defenders of Québec's national paradigm.

The slippage Handler signals between the frame of Québec's national paradigm (who gets to be included) and its content (the means by which their inclusion is established) has necessitated a shift in thinking about nationhood. The seemingly invisible line that separates the who of the nation from the what that unifies people

precipitated a kind of confusion that was not only worked out in the public sphere, but also via the intervention of political and religious officials. These leaders assumed the authority to treat the political state as largely coterminous with the group for whom the national pedagogy or culture “comes naturally.” In doing so, they legislated in a manner centered on preserving the traditional content (Frenchness and, in the pre-Quiet Revolution years, Catholicism and rurality) of the national paradigm. The fusion of legislative power and influence over the content of the national paradigm effectively granted these officials a kind of national authority. The political and religious notables upheld the traits shared by their supporters as the state-sponsored and normalizing content of the national paradigm.¹⁰ The institutionalized practices surrounding the enactment, and indeed the legal enforcement, of Québec’s national paradigm epitomizes its exemplary function: people are provided a model of how to be Québécois and it is expected that all who consider (or wish to consider) themselves part of the nation emulate it. It is thus that certain groups of people who were already perceived as exemplary leaders, such as priests, politicians, and other highly educated persons, came to be seen as functional authorities over the national paradigm.

Striking a balance between the exemplary and communal functions of the national paradigm was not traditionally a concern for nationalists in Québec, for the paradigm the Québécois of the nineteenth and very early twentieth century espoused did not typically extend beyond the communal-level. As time passed and Québec became more modern

¹⁰ The fines issued for signs in which French was not prominent enough and the Régie de la langue française’s inspections of businesses to see if business was being conducted in French were the most contentious and obvious ways in which the province policed national culture. The much-lampooned war on apostrophes in business names for instance, almost became parodies of the national paradigm’s content. (The iconic Montreal eatery, Schwartz’s Deli, briefly had to change its name to Chez Swartz until an exception was made for trademarks) The Régie’s inspectors simply became known as the “language police” in English Canada.

and diverse, however, conservative nationalists began to recognize the ways in which the shared national culture would actually need to be consciously converted into a pedagogy that would be performed. As politicians, clerics, and other national leaders became aware of the need for pedagogy and performance of the national paradigm, they used state power and religious persuasion to alter the communal/exemplary balance of the paradigm's function. They upheld an earlier, communal version as an example and turned the people into "historical 'objects' of a nationalist pedagogy, giving the discourse an authority that is based on the pre-given or constituted historical origin in the past" (Bhabha 211). They even used actual pedagogical institutions, including, as Lucie Robert notes, the right to choose texts for school curricula and the administration of literary prizes, to insulate the paradigm from changes that would threaten their own national authority (90, 111). These national authorities therefore conflated the exemplary function of the paradigm with its communal counterpart, and thereby gave the erstwhile communal exhortation to maintain clerico-conservatism (Frenchness, Catholicism, rurality, etc.) as part of the paradigm the force of moral and legal obligation.¹¹ Accordingly, the socio-economic and demographic changes brought on by the Great Depression, the Second World War, and urbanization that altered the relative homogeneity of Québec's population occasioned a particularly pronounced tension between the two functions of Québec's national paradigm and its self-professed national authorities.

¹¹ This dynamic was once again played out in Québec in the meeting rooms of the Bouchard-Taylor commission on "reasonable accommodations" for the integration of immigrants into Québécois society. This commission was asked to make recommendations that would strike a balance between an ingrained expectation of adherence to a national paradigm on the part of immigrants and a recognition that the content of Québec's national paradigm could no longer be assumed to reflect the values of the population in the same way that it used to.

Embodied National Paradigms: A Case For Allegory

That the national paradigm can be so dominated by its content, and specifically its communal and exemplary functions—the aspects that create solidarities out of individuals—has a great deal to do with the inherently discursive nature of nations. Anderson repeatedly signals both narrative and the printed text (novels, histories, newspapers, maps, censuses) as the engines of nation formation. He argues that these avenues for discourse and the discourse itself are essential for thinking of the nation as something beyond immediate experience and interactions. In recognizing oneself as the subject or the audience of one of these national texts, the text becomes an example that spurs the creation of the national community. In allowing people to imagine themselves as part of a solidarity that they can come to know via text, language (and its textual applications) has a transformative effect. It turns a group of people into an established “thing,” a nation, which can be named and classified as distinct from others of its kind.

Given the importance of texts to the national paradigm, and particularly to its exemplary function, it is hardly surprising that a text so common in Québec as the illness narrative merits attention. The rhetorical relationship between bodies and nations—one that critics have reinforced not only with readings centered on illness, but also on gender and sexuality—can, moreover, only reinforce the importance of this kind of narrative in positing the national paradigm.¹² The unclear demarcations between the national paradigm’s frame, its content, and its authorities nevertheless complicate the already

¹² The term “posit” reflects the dual-nature of the paradigm in that it both refers to the people who comprise the nation and shapes this same community as a nation via a discourse that both defines and comments upon it.

intricate and problematic question of nationhood in Québec. It is perhaps of little wonder, therefore, that the reductive concept of the body politic that underpins readings like Arguin's and the simple disease metaphors that have become tired tropes cannot so easily be imposed upon Québec and its illness narratives. Consequently, both the nation and the body politic assume a more complex form in Québec.

The contradictions and complications to Québec's embodied national paradigm are numerous. As Trudeau's comments in Cité libre imply, Québec exists both as a unitary body in its own right and also as a part of a larger national body. And unlike other Canadian provinces, which nevertheless have considerable autonomy from the federal government, Québec maintains its status as a province that is both culturally and legally distinct from the others.¹³ The diseases attributed to it in literature consequently seem to affect Québec first, and the rest of Canada second, if at all. Furthermore, a number of texts (both literary and explicitly political) from the time when neo-nationalist and postcolonial discourses were gaining strength confound the sources of and the cures for disease. Those on opposite sides of national debates over sovereignty, for instance, accuse Canada of either being the safeguard against or the cause of Québec's ills. "Cultural anemia" was a favorite trope of both Trudeau and Levesque even though Trudeau saw Canada as the saving element in Québec's dangerously low blood count and Levesque viewed the larger nation as that which sapped Québec's natural vitality.

The intricacy that is played out in Québec's use of bodily tropes signals a kind of national complexity that exceeds that of the body politic. Richard Handler's evocation of Louis Dumont's model of a dual-bodied nation reinforces the dual nature of Québec's

¹³ Québec is the only province that controls its own immigration and pension plan, and the only one to act as a sovereign state in certain diplomatic contexts.

national paradigm. Dumont contends that the nation is always “two things at once: a collection of individuals and collective individual” (33). While Dumont’s critics accuse him of merely echoing the concept of the body politic, albeit with the twist of an imposed individualistic/holistic binary, Dumont’s articulation also clearly delineates the two-fold nature of nationhood—the communal and the exemplary, the frame and the content—appropriate to Québec. Granted, his examples of France and Germany lend credence to the accusation of black-and-white thinking leveled by Josep Llobera and other critics. Dumont, however, stresses from the outset of his treatises on nationhood that the nation is always in tension with itself, balancing which of the two national bodies will prevail upon the other.¹⁴

Dumont’s avowedly paradoxical double definition of the nation, while envisaged primarily to highlight the differences between Western European nations (albeit without resorting to two entirely separate explanations), nevertheless suits the Québécois context of complex, dual nationhood within a single national paradigm quite well. This dual model is, after all, remarkably similar to Bhabha’s postcolonial explanation of a collective national vision that is repeatedly performed by individuals. The aptness of the dual model is further reinforced when Dumont emphasizes the centrality of the passage from traditional to modern societies in determining the kind of national paradigm at issue. The paradigm centered on the “collective individual” is a mark of so-called “traditional” societies, whereas the “collection of individuals” orientation signals a more “modern” national paradigm (32). Until the twentieth century, Québec maintained (in both the communal and exemplary senses) a national paradigm that was very much in keeping with the idea of the collective individual. Yet as Québec modernized (especially in the

¹⁴ Dumont rejects the idea that a nation can conceive of itself as equally individualistic and holistic.

wake of the Second World War) and shed what has been thought of as the vestiges of its traditional society, the balance between Dumont's two aspects of the individual/collective nation began to shift; first communally, but also eventually at the level of the exemplary function of the paradigm. The transition from one focus to another, as described by Dumont, is a very slow process; one that does not "take place in one day, nor one century" (32). In Québec, however, the overall change in the national paradigm—the result of an ideological shift to a more individualistic worldview—seemed to occur much more rapidly. Indeed, in the fifty-year interval between the end of the First World War and the Quiet Revolution, Québec's traditional society came first into question, then under siege. The demographic changes initiated by immigration, urbanization, secularism, and a movement for political reform that demanded that these transformations be taken into account profoundly altered Québec's national paradigm. By the time that these changes had taken effect, the national paradigm could no longer be said to center on an exemplary model of a collective individual.

Despite the increasing focus on the collection of individuals or the communal facet of the national paradigm, the image of the collective individual nonetheless remained an integral part of Québec's national paradigm during the period of transition. The importance of the Church and State-backed vision of Québec as a conservative, rural, and Francophone nation lingered. The redistribution of electoral seats that would recognize the concentration of the population in the cities, which were more multi-ethnic and liberal than the countryside, did not occur until 1965, subsequent to the independent Grenier Report on electoral issues. Schools remained in Church hands until 1964 even though certain groups within the Church had recommended, as early as a decade prior to

the creation of the Ministry of Education, that the clergy should concentrate on spiritual matters. Thus even as Québec was taking steps toward what would eventually emerge as a new and much more communal “embodied” national paradigm, it still clung, especially in official capacities, to many of the hallmarks of the paradigm centered on the collective individual. To those traditional nationalists who saw even these incremental changes as challenges to the national culture that they endorsed (and the mass acceptance of which kept them in power), the unity and vitality of the national paradigm that coincides with the symbol of collective individual was being threatened. Consequently, in the interval between which Québec had a clearly articulated paradigm centered on the collective individual and an equally lucid understanding of itself as a collection of individuals (if indeed such an understanding exists), its national paradigm was in flux and could be construed to be in a state of crisis.

Casting the states of national indeterminacy in bodily terms was indeed a common way of thinking about shifting national self-conceptions and their problematic outcomes. In The Prison Notebooks Antonio Gramsci deepens the bodily rhetoric associated with bodily paradigms by explicitly pathologizing the difficult transitions from traditional to modern societies: “The crisis consists precisely in the fact that the old is dying and the new cannot be born; in this interregnum a great variety of morbid symptoms appear” (276). Gramsci’s language here echoes the conventions and rhetoric of the body politic, as well as its modern successors. The “old” and the “new” follow the course of organic life, sickness included. The troubles arising from transition, and indeed the new understandings of the now awkward “old” (as compared to the promising “new”), are cast as morbid symptoms. Gramsci thus pathologizes the intermediary period between the

traditional and the modern, the mostly holistic and primarily individual-centered nations, the communal-turned-exemplary pedagogy and the communal performance of the national paradigm.

Gramsci's exposition and pathologizing of the evolution from old to new, when taken together with Dumont's idea of an embodied nation, establishes an illness narrative centered on a "morbidly symptomatic"—sick—national paradigm. Dumont's insistence on the tension between the two articulations of the nation, moreover, leads one to believe that this state of sickness is not, as is the case with the actual body, a strictly abnormal situation, but rather one that is in itself typical. It is thus that pathology becomes, as medical theorist Georges Canguilhem asserts, a re-normalized state. This is to say that the "sick" national paradigm is neither disorderly, nor lacking norms, but that it redefines normalcy on its own terms by rejecting the idealized although statistically abnormal notion of perfect health.¹⁵

While Gramsci medicalizes yet also normalizes the national transition, he also directs the national paradigm toward a new rhetorical dimension. In passing from the body politic as a static entity to a body in transition, which moves from health to sickness, and then either to death or to recovery, Gramsci shifts away from metaphor toward allegory; that is, he rejects fixed conditions that can be described with metaphors, in favor of processes and interactions that must (in order to be understood) be narrated in their entirety. The necessary move toward narration to tell the story of a national paradigm in pathologized transition thus makes the illness narrative a key element in

¹⁵ Canguilhem writes, "If we acknowledge the fact that disease remains a kind of biological norm, this means that the pathological state cannot be called abnormal in the absolute sense, but abnormal in relation to a well-defined situation" (196). The situation of which Canguilhem writes is not defined by an illusory standard of perfect health, but rather by the norms established when one considers that disease is a statistically normal situation in and of itself.

understanding the national paradigm. Medico-national allegories consequently become a way to posit a national paradigm that otherwise escapes easy definition.

Allegory itself, however, also eludes easy definition. The rash of contradictory essays, articles, and monographs seeking to definitively characterize allegory attest to its indeterminate nature. In the Middle Ages, simple personification was the most prominent form of allegory. From the idea of a character representing an abstraction (Folly, Justice, Chastity) came the idea of allegory as a kind of drawn-out metaphor. Rendering the nation as body depended on a similar rhetorical mechanism. The body's crises in the narrative were taken as analogous to the nation's, the nation's troubles cast as bodily ailments. The need to approach the embodied national paradigm through narrative nonetheless implies a greater role for allegory (as opposed to metaphor) in the process of positing a national paradigm.

For the purposes of this study allegory should be considered a narrative that takes the individual's story as that of the nation. The difference between the literal (individual) and the figurative (collective) meanings depends primarily on the reader and not the author. Such a view, admittedly, runs contrary to the idea, upheld by critics of early Christian allegories and naturalists texts, that the author creates allegory him or herself and that readers are not (primarily) responsible for conferring larger meaning on the text. To attribute the disjunction in meaning mostly to the author risks implying that only one reading—or only one “true” reading—is possible. Critics like Northrup Frye have attempted to avoid this pitfall of the author-supplied generic allegory by upholding a modal or reading-based definition of allegory, for they contend that “all commentary is allegorical interpretation” (89).

Despite my thinking of allegory as rhetoric that derives its meaning from the act of being read, there is nonetheless a fuzzy threshold for understanding allegory as a kind of production rather than as a mode of reception. Certain types of allegories have, for instance, come to be recognized as generic allegories because they adhere to readily identifiable patterns, which “codif[y] the rules for reader expectations” (Quilligan 16). This is undoubtedly the case with personifications and religious allegories, as found among the classics of the genre. Readers familiar with the biblical pre-texts to these kinds of allegories use their knowledge of the anterior narratives to structure their reading. For example, they have become attuned to discerning the traveler as the paragon of Christian virtue, the difficulties impeding his journey as temptations. With successive readings, particularly over long periods of time, it practically becomes a habit to read certain features of a story in certain ways.

I contend that the medico-national allegory, or the illness narrative of the embodied national paradigm, has come to constitute a comparable, familiar sub-genre of allegory. The long-standing metaphorical tradition of equating the body with the nation serves as a kind of intertext, in much the same way that the bible does for religious allegory. It provides a recognizable foundation for readings, and with time, reinforces itself as readers continually confronted by similar images and narratives become attuned to understanding the illness narrative as an allegory of the national paradigm. The more such narratives abound, the more likely one becomes to default to these allegorical readings, accepting them as generically normative.

Fredric Jameson’s essay on third-world national allegory, for instance, helps to reinforce the generic or author-supplied national allegory of the medical storyline. In

“Third-World Literature in the Era of Multinational Capitalism” he suggests that the emerging postcolonial nation finds its literary expression in medicalized narratives. While Jameson does not make the connection between the medical and the national explicit, his choice of examples in explaining the role of national allegories in third-world literature draws heavily on bodily or medicalized crises. He references Ousmane Sembène’s Xala, a novel in which a corrupt and Europeanized African businessman finds himself impotent, to critique the corruption of postcolonial African society. Jameson also cites a number of short stories by Chinese author Lu Xun, calling the writer “a diagnostician and a physician” for portraying Chinese society as he does, exposing the problems of late-imperial China (73). Even in his own analysis, Jameson echoes the medical aspect of the national allegories he examines by repeatedly signaling the national allegory as a diagnostic practice, arguing that it is both a “radical” (82) and an “intellectual” (79) “diagnosis” of the Third World. Jameson’s inclination to bring together the medical and the national, however accidental or deliberate, both draws on and reinforces the medico-national allegory as a kind of sub-genre within allegory.

Jameson’s explanation of how national allegories function nevertheless issues from the two contradictory notions of allegory. On the surface, his emphasis on the author’s role as diagnostician implies a generic inclination, which is to say an author- or text-centered orientation to the medico-national allegory. He describes the narrative as an instrument in the hands of the physician, who—to continue the metaphor—wields it with deliberate precision. Moreover, Jameson introduces Xun’s training in Western medicine only to make the point that he chose writing as “a more effective form of political medicine” (73). Such phrasings suggest, first, that the allegory is embedded

within Xun's narrative as an author prescribed treatment for the national ills he identifies. Second, Jameson implies that his gravitation toward the medical aspects of national allegory may not be purely coincidental. Further solidifying Jameson's position about the generic nature of the (medico-) national allegory is his differentiation of Third-World allegory as a very calculated kind of writing: "The point here is that, in distinction to the unconscious allegories of our own cultural texts, third-world national allegories are conscious and overt: they imply a radically different objective relationship of politics to libidinal dynamics" (79-80). Jameson's assertion of the deliberate nature of the third world allegory, and his earlier insistence on its deliberately curative intent indicates an acknowledgement of the coupling of the medical and national that goes far beyond, yet still draws on, the metaphorical body politic.

The generic or text-bound nature of the (medicalized) national allegory is not absolute in Jameson's thinking though. That the reader must possess the experiences to make sense of the national allegory as written signals a partial return to a way of thinking about allegory as a mode of reading rather than as a true genre. Jameson terms the process of making use of familiarities, "allegorical resonance," and deems it to be an essential part of a national allegory, which is contingent on specific cultural and historical contexts. While knowledge of the particular situations inherent to third-world texts often serve as a barrier to first-world understandings of these allegories (and thus result in a fair amount of criticism for Jameson's proposition and the allegories themselves), their medical or bodily nature helps to mitigate these barriers. The hurdle of allegorical resonance is more easily overcome in the case of medico-national allegory precisely because the experience of illness is so largely universal that allegorical resonance can

almost be assumed.¹⁶ Authors choosing storylines about sick character therefore effectively circumscribe the reader-driven allegory, for the generic conventions of the medical storyline and the familiarity of illness almost pre-suppose a reading centered on the “sick nation.” The medico-national allegory, as indirectly theorized by Jameson, consequently becomes something of an anomaly within the genre/mode divisions of allegory, for it draws on both ways of thinking about the form.

Beyond discussing the place of medico-national allegory in the modal-generic spectrum and the related likelihood to default to a reading centered on sick nationhood, Jameson contextualizes when this kind of narrative is likely to appear. By insisting on the critical period of transition from colonial to postcolonial states he implies that times of crisis or national uncertainty will produce pathology-filled allegories. Deborah Madsen contends that the turn to allegory at such moments is almost predictable, because “allegory flourishes at times of intense cultural disruption” (135). Thus like Dumont and Gramsci before him, Jameson recognizes the critical points of national transition that give rise to morbid symptoms.

Perhaps more than anyone else, though, Jameson stresses the importance of the total experience of the medical process through his insistence on narrative. His summary of Xala focuses less on the condition than the protagonist’s unsuccessful attempts to find relief. Similarly, the introduction to his remarks on Xun’s “Diary of a Madman” gives the reader a sense of a narrative about rapidly declining mental status, from paranoia to full-on psychosis. The symptoms, treatments, and emotions related to illness that

¹⁶ I do not in any way wish to suggest that illness and disease are not variable or contingent aspects of culture. Rather, I contend that the experience of being sick is so universal that certain elements of it (weakness, feeling sub-par compared to one’s normal self or to others) can be taken for granted to resonate with readers even if some of the subtleties attributed to particular conditions do not.

Jameson highlights are made equal to the diagnoses and act as integral parts of the allegorical narratives. In drawing attention to the precarious navigation of states of good and ill health in the allegorical narratives he examines, Jameson signals the equally uneasy coexistence of two visions of the national paradigm, the old and the new. These allegories of national sickness in turn foster the idea that the nation itself is ill. It is thus that the illness narrative or the medico-national allegory becomes the focal point for positing the national paradigm.

National Health, National Illness: The Québécois Case

Before delving further into the function of illness narratives in the positing of Québec's national paradigm, it is necessary to explain my use of Jameson's ideas on third-world national allegories to Québec. Given the critiques, most notably by Aijaz Ahmad, that have been leveled against Jameson for his rigid adherence to "his particular variant of the Three Worlds Theory," it would be problematic to continue to employ them (6). This objection notwithstanding, Jameson's arguments about certain common threads in the literatures of nations that have been colonized are still valuable. Insofar as Jameson's arguments about third-world literature can be said to stem from the colonial experience rather than from the contentious (and largely outdated) geo-political classification of first, second, and third worlds, his ideas can be useful for thinking about Québec.

Like many of the African and Asian nations Jameson references, Québec experienced British imperialism and colonialism. Admittedly, in Québec it happened

earlier than most of the French colonial experiences initiated by the age of imperialism, and in much subtler and less egregious forms. Québec's history books and political discourse (Pierre Vallière's Les Nègres blancs d'Amérique being the most obvious, if hyperbolic, example) are nevertheless redolent with the legacy of having been a British colony.¹⁷ The effects of the colonial and imperial experience have thus galvanized Québec's national paradigm as a discourse of contrast. If the English were Protestant, city-based merchants and industrialists, the French Canadians styled themselves as Catholic agriculturalists preferring the "purer" life of tranquil rural surroundings and hard work. Furthermore, they actively maintained a national paradigm that buttressed this self-definition by opposition. More pragmatically, colonialism left a rather pronounced economic legacy of colonialism in Québec. The province depended heavily on English (both English Canadian and American) capital and commercial infrastructure until the 1960s and 70s. The Liberal campaign slogan, "Maîtres chez nous," for the 1962 provincial election, in which the main issue was the nationalization of Hydro Québec, succinctly but defiantly speaks to Québec's economic reliance on outside capital. Indeed the saturation of public discourse with references to the English and their legacy suggests that Québec bears many similarities (at least on a literary and discursive level) to the nations whose literatures Jameson labels national allegories.

¹⁷ In a now famous and problematic line, historian Susan Mann-Trofimenkoff asserts: "Conquest is like rape. The major blow takes only a few minutes, the results no matter how well camouflaged, can be at best unpredictable and at worst devastating" (20). After explaining that Québec's experience of being folded into the British empire was relatively mild compared to what other colonies faced, she concludes, "And yet it was conquest. And conquest is like rape" (31). Mann-Trofimenkoff's reassertion of her initial simile suggests that the mere fact of being conquered, despite the conditions of the conquest, is a defining experience. That the colonial situation is so frequently evoked using metaphors of rape has the paradoxical effect of underplaying the actual violence against women that was part and parcel of so many colonial conquests. See Jarrod Hayes, "A Man Is Being Raped: Nouri Bouzid's Man of Ashes and the Deconstruction of Sexual Allegories of Colonialism."

These considerations aside, the most convincing argument for reading Québécois texts as Jamesonian national allegories may be the way in which Francophone literature in Canada developed as a direct response to English colonialism.¹⁸ French Canadian historical and literary production began in earnest only after the 1839 Durham Report (a report to the British parliament on unrest in the Canadian colonies) called for, among other things, the political marginalization and eventual assimilation of the French population. Durham supported his recommendations, which included a united Canadian parliament and responsible government, by citing reasons of political expediency that would resonate with his English audience. He also added to his justifications an observation that the French inhabitants of the colony were “a people with no history, and, no literature” (150).¹⁹ The implication of the reproach was that such a people could not constitute a nation. In a way, Durham was correct in his assessment of the paucity of French Canadian cultural institutions. Under the French regime, no books were to be published in the colony. The first novel to be published in Québec, Philippe Aubert de Gaspé, fils’, *L’influence d’un livre*, appeared only two years prior to Durham’s report. Lucie Robert also notes that all the learned societies operating in Lower Canada in the early nineteenth century were bilingual, which lent credence to Durham’s assertion that French Canadians had no cultural institutions that were entirely their own (166-67).

¹⁸ While English Canada and the United States also began as British colonies, their experience as the conquering administrators of an established population (as was the case in the 18th century in what became Lower Canada and parts of the Maritimes) or the colonial people of a settler colony (in the case of the United States and later on in Upper Canada) was decidedly different from that of French Canadians who suddenly found themselves subjects of a foreign power. For more on the particularities of settler colonies, see Bill Ashcroft, Gareth Griffiths, and Helen Tiffin, *The Empire Writes Back* 133-145.

¹⁹ Anglo-Canadian literature would face similar criticism only in 1857, nearly two decades after the reproach of French Canadians. The censure, however, came from Thomas D’Arcy McGee, an Irishman who became a Father of Confederation after having first emigrated to the United States before settling in Montreal. The politician and publisher, report Daymond and Monkman, called English Canadians non-literary, “plain,” and “matter-of-fact” and exhorted them to develop their own national literature (distancing themselves from the tradition of English and Irish literature) if they wished to preserve—or perhaps more appropriately establish—a nation of their own (42-43).

Despite the truth underlying Durham's slight, French Canadians responded as though it were a challenge. Historian François Xavier Garneau answered by penning the foundational text, Histoire du Canada depuis sa découverte jusqu'à nos jours. This multi-volume work opens by referencing the Durham Report's intent to set policy for the two Canadas and articulates its own purpose as proof of the French Canadian nation's legitimacy and vitality:

A la cause que nous avons embrassée dans ce livre, la conservation de notre religion, de notre langue et de nos lois, se rattache aujourd'hui notre propre destinée. En préservant dans les croyances et la nationalité de nos pères, nous nous sommes fait peut-être l'ennemi de la politique de l'Angleterre, qui a placé les deux Canadas sous un même gouvernement, pour faire disparaître ces trois grands traits de l'existence des Canadiens. (ix)

The destiny of Canada is dependent on the cause which we vindicate in this work; namely, the conservation of our religion, our language, and our laws. By holding to the creed and maintaining the nationality of our forefathers, we perhaps are opponents of British policy, which has placed the two Canadas under one government, in view of causing the disappearance of those three great features of Canadian existence. (viii)

Garneau's comments announced much of the thinking about the discursive nationhood that would emerge in the twentieth century by detailing the link between his own historical work and the destiny of his nation, which he sees as contingent on religion, language, and laws.²⁰ More importantly, however, Garneau acknowledges that the nation his text (and presumably those that would follow) posits acts as a form resistance to the British colonial policy because it asserts French Canada's literary, historical, and therefore national, vitality.²¹ The colonial legacy in Québec, much like the political

²⁰ The Durham Report and Garneau's response to it has created a somewhat exceptional circumstance in Québec, for it makes explicit from the outset of the literary tradition the connection between history or literature and the vitality of the nation.

²¹ It is rather ironic that French Canadians would have already taken steps to remedy their lack of a national literature before English Canadians would even recognize the need for a corresponding national literature in English. The haste on the part of Francophones attests to the perceived urgency of establishing the

situations in the nations Jameson references, consequently proves to be generative of national literatures, including its allegories.

From its origins attesting to and building the nation's health, Québec's literature—as Jane Moss's "The Morbid World of the Quebec Novel" attests—takes a turn for the worst. In the only study dedicated to physical illness or medicalized storylines in Québec's literary or critical tradition, Moss contends that Québécois novels contribute to "a feeling that being ill is an essential part of being in Québec" (152). Moss remarks that many of the canonical works from the 1940s onward feature stories of disease, disability, and mental illness. She explain this pattern by venturing that Québécois novelists construe Québec as a less than healthy society: "They portray characters as weakened, deformed, mutilated, and paralyzed by the social, economic, political, and religious climate of Quebec" (153). Moss asserts that there is a deliberate effort, driven primarily by the mid-century move toward realism, to construct a national literature focused on the characters's physical and mental indispositions. Her article draws most heavily on the more obvious examples of literary ailments, which place illness and treatment at the heart of the narrative and make it the main storyline. She also notes even those relatively minor textual illnesses, when a secondary character falls ill or is said, without fanfare, to be sickly.

While Moss seeks primarily to catalogue how morbid Québec's novels are, she also tackles the more important question of why texts suddenly turned to the medical storyline. Her main hypothesis has to do with the larger literary context of the illness narratives and mid-century literature in particular. Specifically, she attributes the morbid

legitimacy of their nation. The corresponding lag from English Canadians seems to speak to their acceptance of the role of British (colonial) subjects.

character of these texts to a larger literary movement toward social realism. Squalid urbanization (a favorite setting in realist literature) is thus assumed to be responsible for the accompanying proliferation of maladies.²² The mass of illness and disease in Québec's literature is therefore construed as a symptom of a larger literary movement. It is only as Moss concludes her essay that she introduces the second of her hypotheses: that the rampant "pathological imagery" is metaphorical (152). In particular, Moss suggests that the increased number of sick characters (which she tellingly contrasts to the hardy and healthy figures who populated earlier Québécois literature) is an expression of a greater self-awareness among the Québécois of their own subaltern position, presumably vis-à-vis the English. Moss thus clearly recognizes Québécois society, one profoundly marked by its colonial past, as being an etiological factor in the novel's new thematic preoccupation. Since Moss makes no allusion to her hypotheses being mutually exclusive, one is led to believe that the Québécois were in fact a sickly lot and were equally cognizant of their precarious collective health.²³

It is nevertheless in seeking to explain how Québec's literary texts came to tropes of illness in great numbers that Moss begins to intimate that it is not simply the characters in the novels that are sick, but Québec's literature as a whole that constitutes a diseased corpus. Drawing on English Canadian novelist and literary critic Margaret Atwood's unapologetic position that Canadian literature has adopted a propensity toward victimhood, Moss construes the plethora of literary illnesses and pathetic characters as indicative of an obsession "with the theme of failure" and a conditioning "by the myth that

²² A great deal of medical history supports the almost universally received idea that rapid urbanization leads to higher rates of disease in a population. For the particularities of the situation in Québec, however, see Chapter 4.

²³ For a more thorough treatment of Moss's explanation for the sickening of Québec's novels, see Chapter 4.

Canadian heroes are victims and losers” (165).²⁴ Being or acting Québécois when so many of the national narratives are marked by pathology therefore requires, particularly in light of the pedagogical or exemplary function of national literature in Québec, the adoption of a “sick” or patient-centered outlook with regard to the nation. Consequently Moss appears to unassumingly anticipate Jameson’s argument that postcolonial (or third-world) literatures are prone to use allegorical pathology to express their subaltern condition.

It is far from unusual that narratives of suffering from mid-century Québec figured so prominently in texts that posit the national paradigm. Renan declares the collective memory of shared triumphs, but more importantly, shared trials and defeats, to be the glue that holds nations together:

En fait de souvenirs nationaux, les deuils valent mieux que les triomphes, car ils imposent des devoirs, ils commandent l’effort en commun. (241)

[Where national memories are concerned, griefs are of more value than triumphs, for they impose duties, and require a common effort.]

Proclaiming national failures the most important ingredient in this glue makes these instances of national mourning and suffering, of having been the underdog and having been made the victim, central to the national paradigm.²⁵ The pity, guilt, and blame that so often go hand in hand with these situations of collective loss or failure (like they do for disease) thus become not only a part of the national paradigm, but are moreover

²⁴ Margaret Atwood pushes the idea of victimhood in French Canadian literature to the point of incendiary remarks. She comments on the high rates of infant mortality in Québec’s literature not only as a matter of frequency, but adds a particularly morbid explanation to her observation: “An almost standard Québec vision of death is the vision of the dead baby (or dead babies); it’s a fantasy often indulged in by mothers or grandmothers, and it’s hard to tell whether they are torturing themselves with it or enjoying it, or both” (223). Moss’s invocation of Atwood accordingly attests to the strength of her argument.

²⁵ While Renan deals primarily with colonizing nations rather than those who found themselves on the other side of the colonial experience, it stands to reason that the founding trauma of conquest would only accentuate the prominence of suffering, victimhood, or traumas in the national discourse.

enshrined as fundamental to it. The centrality of the victim mentality that Moss points to as characteristic of Québec's national paradigm therefore establishes a paradoxical state of national normalcy, or even health, that is rooted in disease.²⁶

In Québec the balancing act between vital and sick writing is evident in many texts. Garneau's nation-affirming (if not founding) history continually reminds readers that the national history that it both records and creates is that of a people accused of being devoid of history. In a modern context, François Paré's theorizing of French-Canadian literature has led him to declare that cultures faced with assimilation (so-called small nations) produce inherently, survival-oriented political texts. These texts in turn become the means for the national paradigm's existence:

Et puis, les oeuvres, à tout moment de l'histoire ont été appelées à soutenir la survie collective ou l'indépendance politique proprement dite des nations. En fait, plus le groupe est étroit, peut-on affirmer, plus le rôle de l'écrivain est ouvertement politique. (L'exiguïté 50)

[Moreover, these works have, throughout history, been called upon to support the collective survival or political independence of nations. In fact one can say that the smaller the group, the more overtly political the writer's role.]

Paré contends that the very fact of writing and publishing in the language of the threatened or marginal nation continually reaffirms its presence, thus lending legitimacy to its continued existence. Yet as his later work (specifically La Distance habitée) would elaborate, the survival mentality and the legitimate threat to that continued existence become embedded traits of small national literatures: "C'est dans cette même langue menacée de disparaître que se construit par ailleurs l'identité" (28). [It is through this same language, threatened with disappearance, that identity is built.] The political nature

²⁶ Canguilhem distinguishes the "normal" from the "abnormal," but also differentiates the relative term, "abnormal," from the objectively "pathological." By implication, the modernist concept of "normalcy" is often perceived as "healthy."

of these national literatures, therefore, persistently asserts the nation's vitality even when writing itself attests to the precarious position of the national paradigm. As for the narratives themselves, they continually show the signs of contradiction, revealing both their salutary and pathological effects on the national paradigm. Nevertheless, if nations are posited by more than the texts that directly address questions of nationhood and national survival, Québec's numerous illness narratives fulfill much the same role as Garneau and Paré's works in that the allegories of illness also posit the national paradigm. These medical allegories of a sick nation mark the national paradigm with the contradiction that for a nation (a postcolonial one in particular) to assert and perform its own survival, it must also be "sick" in one way or another.

Yet, there is a tremendous risk involved in positing the national paradigm via medico-national allegories. The sheer number of illness narratives no doubt demonstrates the nation's strength insofar as national vitality, as Paré contends, can be gauged by literary production. The flip side of the illness narrative's success (both in positing the national paradigm and as literary sub-genre), however, is the implication—the one underpinning Moss and Atwood's studies—that French Canadians are a sick, weak, and dying people. When taken as allegory, as Jameson contends all literatures marked by colonial experience can be, the illness narratives suggest is that the nation itself shares the characteristics of feebleness and morbidity. The national paradigm thus appears to be weakened by the very means by which it asserts its vitality. This paradox of national health via allegorized sickness may thus be thought of as producing a kind of dis-ease, rather than actual sickness, within the national paradigm.

Diagnosis

If Québec's medico-national allegories have paradoxically caused the national paradigm to fall ill, it becomes necessary to properly diagnose the problem. Unlike the medical storylines of the illness narratives, however, the national ills that originate in these narratives cannot be discerned with simple tests. The medical theme of the narratives nevertheless reveals the national ill by providing a means of diagnosing it. Specifically, the medical processes and clinical interactions described in Québec's many illness narratives serve as models for a kind of diagnostic reading that both exposes the localized textual aberrations and provides clues for understanding what critics have identified as its national illness.

The idea of reading "diagnostically" is rooted in traditions that bring together language and medicine. Eugen Baer notes that during Hippocrates's time, symptomatology (or the study of symptoms, which now typically falls under the category of diagnostic medicine) was simply called semiotics.²⁷ It was thought that disease was an idea that found its expression in symptoms, which were its outward manifestations. These medical signs in turn allowed doctors to understand—diagnose—the disease. In the more modern contexts of medical theory, disease is said to issue from a linguistic process, diagnosis, which converts basic sickness or illness into a medically recognized and culturally salient disease.²⁸ Theorist and psychiatrist Arthur Kleinman elucidates: "Disease is what the practitioner creates in the recasting of illness in terms of theories of

²⁷ See Baer, particularly chapters 3 through 5.

²⁸ Diagnoses are tremendously powerful words. They can, aside from their purely medical implications, legitimate reprieves from normal responsibilities (work, school, military service,) disallow insurance coverage, and grant immunity from criminal liability.

disorder” (Illness Narratives 5). Michel Foucault, for his part, stresses the linguistic nature of medicine and argues in The Birth of the Clinic that the modern clinic hinges on the physician’s mastery of two professional practices: the medical gaze and clinical language. Subjected to the exercise of these two skills, the patient’s signs and symptoms become a distinct disease, for “to be seen and to be spoken immediately communicate in the manifest truth of the disease” (116). While diagnosis depends on two significantly intertwined practices, seeing and saying, Foucault emphasizes the discursive function of medical jargon because this particular language structures the specialized mode of seeing. Language, and specifically reading, consequently becomes the way in which those who have the power to both read and produce the medical “text” posit disease.

In many ways the linguistic or discursive process that allows symptoms to be read and understood as diseases parallels the textual nature of the national paradigm. Both the medical and national discourses center on transforming elements that escape rigid definition, the experience of feeling ill or a group of people, into a clearly defined entity, a disease or a nation, by positing it as such. To borrow terminology from Ian Hacking, this discursive work takes an entity that exists “in the world” and supplements its existence with “ideas” about its condition as an “object” (121-22). It is when these objects are reinforced, and even overtaken, by ideas— notions rooted in particular cultures, traditions, and practices—that the posited entities take on inflections that can unsettle the rhetorical similarity between bodies and nations.

In the Québécois context, where diseases and the national paradigm have been so consistently linked, certain ideas about both the medical and the national aspects of the

allegory have become commonplace. One such notion, that illness affects only the weak, is revealed in Jane Moss's explanation of the prevalence of disease in Québec's literature:

Taken at face value, illness impedes happiness and threatens life. Taken in a larger sense, illness carries a moral implication, for surely something is wrong with a society that allows itself to be weakened by congenital, environmental, and psychological diseases...they [the sick characters] abandon themselves to higher (or lower) forces and assume the role of sick people. (164)

Moss's accusation that illness "carries a moral implication" and that there is "something wrong" with Québec because it produces so many texts about disease and emphasizes the stigma of disease. Related to this contention is the more general but no less problematic notion that illness does not occur without reason. When this idea is taken into account when reading Québec's many illness narratives, it reinforces the assumption that literary diseases (especially in realist texts) are the faithful reflection of Québécois society and its actual public health problems. In Social Realism in the French-Canadian Novel, Ben-Zion Shek dispenses with the myriad illnesses (leukemia, tuberculosis, anemia) in Gabrielle Roy's Bonheur d'occasion in a short paragraph that attributes all disease to the lack of proper food and insalubrious homes that were characteristic of life in low-income Montreal at the time of the novel. Given the well-documented intersections between class and the incidence of disease, Shek's explanation is valid. Yet it also seems simplistic, particularly in light of the symbolic value of so many of these diseases, to account for them merely as effets de réel. Shek himself undermines his realism hypothesis during his discussion of alcoholism. Although alcoholism is a frequent problem in French Canadian novels and Shek calls it a condition that "is often an indicator of depressed living conditions" he backtracks immediately by conceding that "it is harder to draw a line linking data on alcoholism and related problems to specific

districts in Montreal, or to concrete living conditions” (39-40). If some conditions can be accounted for by realism but others escape attribution, it becomes difficult to uphold the idea of blanket historical cause and literary effect.

The critics who consider Québec’s illness narratives also tend to condense the medical narrative to the disease itself, as though the fact of being sick were all-encompassing of the illness experience. To focus exclusively on the obvious facets of the illness narrative, such as the diagnosis, results in a reading that is, at best, partial, for the medico-national allegory (which is rooted in the illness narrative) is the result of an increasingly complex understanding of the nation. Reading allegory in a truly diagnostic manner nonetheless requires a broader view. The elegant simplicity of the structuring metaphor of the body politic and the facile readings centered on sick nationhood may consequently find themselves outstripped by the growing intricacy of the national paradigm and the medical allegories that posit it. The act of diagnostic reading ought, therefore, to focus on the complications—what one might call the symptoms—of the imputed equivalency of (sick) bodies and (sick) nations.

On a textual level, diagnostic reading entails paying attention to the lesser-examined aspects of the illness narrative, such as those that fall under the broad headings of the impact of the disease on relationships and doctor-patient interactions. These key elements of the illness narrative force readers to look beyond the body and its diseases. Examining the allegory in this more thorough manner is likely to reveal greater inconsistencies between the medical and the national, thus pointing to what Haraway characterizes as the limits of the trope, the symptoms of the national literary condition.

Perhaps the most egregious of these textual symptoms arises from medicine's status as a specialized field. Doctors in mid-twentieth century Québec had a virtual monopoly on diagnosis, which has become the cornerstone of modern medicine. Disease, Kleinman states in The Illness Narratives, arises from "what practitioners have been trained to see through the theoretical lenses of their particular form of practice" (5). He emphasizes, by virtue of the need for training, the selectivity of the group that can posit or recast illness into disease. Medicine's ability to carry out the discursive work of the clinic thus hinges on a very precise definition of who has medical authority. In a practical sense, such distinctions are made manifest via the clinical code or medical jargon, which is a form of discourse that conditions both clinical speech and medical observation.

The specific situation of medicine and its language nevertheless stands in contrast to the national paradigm. While language is essential to the process of positing the national paradigm, Anderson makes it clear that the particular national language is immaterial. The essential feature of the national language is that it be shared among a broad enough group that the national narratives can be adopted. This distinction separates national languages, which are relatively accessible codes, from clinical language, which is an idiom that is both limited by professional training and which coincides with an ability to see and give meaning to what others cannot. When non-medical texts, such as the novels about sick characters, employ the abstruse language of the clinic, this language—the very one positing the nation via allegory—may actually prevent the allegory from being understood by readers unfamiliar with medical jargon. This

breakdown in allegorical resonance consequently, if ironically, prevents the positing of the national paradigm.

By disrupting the allegory or rendering it partially incomprehensible via jargon, the national paradigm that is posited via medical allegory also shows evidence of unraveling. The nation, as Anderson stresses, depends upon and issues from a shared discourse. Lacking such a common understanding, the discursive process necessary to posit the nation may not occur. In the case of medico-national allegories, where the nation is posited via the allegorical discourse of the clinic and medical language, the medical and national may fail to line up.²⁹ Accordingly the allegory as whole may be comprehensible, but some of the salient medical aspects thereof may not. As a result, positing the national paradigm via a medicalized allegory may, on the one hand, produce a paradigm that is largely inaccessible, or on the other, simply fail to posit a paradigm that can be communal.

The privileged nature of clinical language, both in the medical setting and in the allegory, points to the disproportionate importance of authority to the medical half of the medico-national allegory. As Foucault continually asserts, physicians hold the exclusive power to see disease and to speak it into existence through diagnosis.³⁰ The authority that accrues to physicians via this ability means that the textual doctors also become figures of power in medical narratives. National paradigms, however, issue from a much more diffuse discursive process, in that no one group in the nation is likely to posit a

²⁹ It is worth noting that medical language, derived primarily from Greek and Latin, largely transcends the boundaries of national languages. In this way, medical jargon functions much like Latin did in Medieval Europe, providing a common language that superceded any of the vernaculars. Doctors thus constitute something of a global diasporic nation operating within, but also beyond, national states.

³⁰ While the internet and patient support and advocacy groups have challenged the doctors' privilege with regard to diagnosis in the past two decades, doctors have historically had exclusive authority in this area. Still today, a doctor's diagnosis is required in many situations, such as to authorize insurance payments, medical leave, disability permits, and exemptions from certain types of work.

paradigm that is both exemplary and communal. Even so-called national authorities, such as the ones who wielded tremendous influence in Québec, are much less central to the national paradigm than doctors are to medicine and its key construct, the disease. To even speak of a national paradigm is to recognize that mass participation is an inherent part of the process by which it comes into existence. It is for this reason that Anderson locates the threshold for nation formation at the point at which large segments of the population acquire the means, notably literacy, to conceive of themselves as an imagined community. The ill-defined (or altogether absent) role of individual actors in most theories of nationhood further attests to the inherently limited function of national authorities.³¹ The medico-national allegory therefore has to grapple with positing a national paradigm via a medical narrative, but must do so in a way that circumscribes medicine's authoritarian structure.

The disparity between the medical and the national paradigms and their constitutive authorities suggests that like the limits of Haraway's metaphors (and the body politic in particular), the medico-national allegory can exhibit similar constraints on its ability to posit the national via the medical. These irregularities in the allegorical narrative act as symptoms of a kind of textual illness. Furthermore, they create what Paul de Man has termed "allegories of reading," for they undermine the relation of sick bodies to sick nations, turning the unconventional medical story into a national "allegorical narrative of its own deconstruction" (72). While casting these allegories of reading as symptoms may imply a form of textual sickness within the Québécois tradition of illness narratives, it is worth remembering that confronting the limits of medicine's ability to

³¹ At least, that is, insofar as nations are abstract paradigms, and not iterations of specific national paradigms.

posit the national paradigm does not imperil the medico-national narrative. Jameson maintains that allegory is at heart a genre filled with contradiction. In reviewing allegory through third-world texts, he reminds readers that the genre has come, through stereotypical personifications and Western insistences on equivalences, to be seen as one-dimensional. “The allegorical spirit,” he corrects, “is profoundly discontinuous, a matter of breaks and heterogeneities” (73). The medico-national allegory, textually “sick” though it might be, must therefore be thought of as a narrative that simultaneously posits the national paradigm as it reorients both the narrative and the paradigm it posits away from the facileness of the sick nation. That medico-national allegories, which issue from a tradition so engrained in Western sensibilities, shatter the assumption of correspondence between the body and the nation that literary critics have appropriated only reinforces the idea that the Québec’s illness narratives themselves are somehow abnormal.

The critics’ tendency to ignore the textual symptoms, the same ones that may paradoxically point to national vitality by undermining the “sick-nation” readings, has proven quite strong. On a structural level, allegories are extended tropes, presumably with many points of accord. The potential to marginalize the discord between the literal and the figurative is therefore significantly greater than with metaphors. This is to say that when the majority of the points between the actual narrative and the familiar “sick nation” story line up, there has been a tendency to overlook those that do not coincide with the narrative that is otherwise recognizable and cohesive. Carolyn Van Dyke characterizes this inclination away from a full examination of the allegory as “seductive,” for allegory all too often “offers confirmation of our unquestioned assumptions” (69).

She explains that the differences that underpin allegory (like any other trope) can serve as commentary on or critique of a situation of presumed similarity. Yet in the case of familiar allegories, such as those revolving around the body and nation, the similarities may actually reinforce for readers the very ideas that the allegory seeks to evaluate and question via discordances. The relative cohesion of the allegorical narrative, often the one that allows it to be recognized as allegory, tends to mask the incongruities, which may challenge widely held (critical) beliefs and familiar narrative trajectories.

With Québec's medico-national narratives, the trend has been to presume that the disease in the narrative is a symptom, a sign, of some known national problem. Whether etiologically sound or not, tuberculosis among French Canadians in Marie-Claire Blais's novels is linked to poverty, cancer in the works of Gabrielle Roy to uncertainty about one's identity. Critical readings of these illness narratives reinforce the association of bodily ailments with social, economic, or other problems on a national scale. Such a gambit nevertheless works counter to the diagnostic process, for it seeks not to infer the less apparent disease from the obvious symptoms, but rather to make the literary symptoms fit the known or at least presumed national disease. Van Dyke argues that when allegory is seen as "a disposable fictional covering," as it is in Québec, "what lies under it must," according to such logic, "be something that we assume to be real—that is, fundamental, nonproblematic, and irreducible. The search for such a hidden reality can distort a narrative to buttress a culture's preoccupations" (69). In Québec, critics have taken the "covering" of the sick character to be an authoritative, albeit fictional, expression of the nation's allegorical sickness. The difficulty of accepting such a position, however, is that the nation's sickness is simply assumed to be a fact that authors

have gone to some effort to conceal behind characters (such as working class men and traditional authority figures) who are representative of the nation.

To seek in medico-national allegory a mere substantiation of an assumed diagnosis negates the very complexity that necessitated the shift to thinking in terms of national paradigms and allegories as opposed to simple nations and metaphors. To equate the sick character to the sick nation, like the nation to the body before it, ignores the complexities of national and allegorical forms. To gloss over these intricacies, whether national or medical, in favor of the known, prosaic narrative therefore disregards what is intrinsically part of the text and thus part of the allegory itself. The inconsistencies of the medico-national allegory must therefore be refigured, as both Jameson and De Man suggest, as an integral part of the narrative.

Diagnostic reading also has the effect of reexamining the assumption—that the French Canadian nation is fundamentally ill—that underpins the criticism of illness narratives, particularly realist novels. While the portrayals of historical conditions in the illness narratives may be accurate, all representations, like all readings, are necessarily selective. Québec's revisionist historians have successfully argued against earlier histories that portray French Canadians and Québec as socially backward, submitted to reactionary rule, and generally lagging behind Anglo-Canadians by shifting their focus to the "blips" in the larger historical narrative, such as the Asbestos strike, and more generally the moments of discord among Church officials, and those between the Church and the government. By focusing on these sorts of events and trends historians moved their inquiries to those points of discord in the larger narrative that earlier historians had largely overlooked. To read diagnostically will occasion a similar change in the object of

diagnosis. Readings will not only reconsider the health of the national paradigm but will also reexamine the very process by which illness narratives and the criticism they occasion enshrine a paradigm that models itself on a sick body.

By recognizing the medico-national allegory as an allegory of reading, the narrative becomes a diagnostic tool for examining the very process of positing the national paradigm, and in particular via the medical narrative. The medico-national allegory consequently substitutes one object of diagnosis for another. In locating the object of diagnosis outside the story that constitutes the allegory and onto the narrative itself, it becomes possible to move beyond the idea of the sick nation. To do so nevertheless requires the reader to acknowledge that the nation's enactment through discourse is not itself free of signs of abnormality. In recognizing the very contradictions that are inherent to allegory, it becomes possible to read these texts not as confirmations of the known, but as critiques of what has become Québec's myth of sick nationhood. In acknowledging the potential for allegories of reading and developing the diagnostic tools for identifying them, critical attention is redirected onto the allegory—the text—itsself. It is thus that the reader is no longer only called upon to diagnose the nation as diseased, but he or she must also be prepared to recognize in the text itself the signs of dis-ease within the allegory, and the national paradigm it posits.

Chapter II

Diagnostic Allegories

Diagnosis, the process of positing illness as recognized disease, is central to the ideals of scientific medicine and distinguishes medical science from the processes of trial and error and treating symptoms as opposed to the cause of sickness. This essential clinical act also parallels the process of positing the national paradigm, which in turn depends on both referencing and creating a discursive entity. Illness narratives that highlight the diagnostic process are therefore key texts for examining how Québec's literature posits the national paradigm. Rather than being simple uncoverings of medical truths and uncomplicated identifications of problems, however, the scenes of diagnosis in Québec's literature are often fraught with complications. Insofar as these diagnostic narratives unsettle the fundamental process carried out on the medicalized body they also jeopardize the semantic correspondence between the sick body and the ailing national paradigm that critics have advanced. When these narratives cannot posit disease in a meaningful way and the bodies of sick characters fail to be recognized as legitimately sick, the national paradigm cannot so easily be regarded as diseased in its own right. The unconventional narratives of diagnosis therefore show themselves to be important texts for undermining Québec's grim national prognosis.

The appearance of illness narratives in Québec in the 1940s largely coincides with the emergence of diagnostic narratives, those illness narratives that privilege diagnosis as

an act, and to a lesser extent as a product of this same process.³² In Bonheur d'occasion by Gabrielle Roy, the small medical storyline centers on two main issues: the metaphorically loaded diagnosis of leukemia, and the problems posed when the diagnosis cannot be meaningfully communicated outside of the closed clinical circle. Together, these issues draw attention to the double marginalisation—linguistic and medical—of urban French Canadians in the 1930s and '40s. Furthermore Roy's debut novel questions whether a medical narrative can exclude its patient-protagonists from the national paradigm it constructs via the narration of their disease. Alexandre Chenevert, Roy's third novel, foregrounds diagnosis and prompts readers to reconsider the social priority accorded to disease as a medically sanctioned entity when a physician fails to diagnose the title character's cancer. In contrasting the at-times contradictory social and scientific aspects of illness and disease, the novel exposes the limits of medicine's discursive function in positing a national paradigm. Finally, André Langevin's Poussière sur la ville breaks with the tradition of patient-centered illness narratives by letting the physician narrate. The novel takes diagnostic competence and medical authority as presumed points of departure only to deliberately reject and undermine them and, by extension, Québec's national authorities. Together these three novels, spanning the decade from 1945 to 1954, attest to the fact that Québec's illness narratives seldom operate in a clinically normative manner when they diagnose. The medico-national allegory and the national paradigm it posits thus find themselves subject to the same kind of problems encountered when positing disease via diagnosis.

³² A number of the later illness narratives seem to emphasize treatment rather than diagnosis.

Diagnosis is the privileged clinical act that transforms illness into disease. It makes scientific treatment possible and reinforces the physician's role as expert or master over the patient and his or her body. In focusing on these scenes of mastery in which disease is posited, Québec's illness narratives at once allow for a staging of medical authority and a re-examination of the diagnostic process. By highlighting cases where the diagnosis is incomplete, contradictory, or contested, however, these medical narratives reveal how the presumed monolith of the clinic exposes the cracks in its own authority. These illness narratives consequently call for a discussion of the national paradigm and its alleged ills that does not proceed directly from symptoms to definitive diagnosis, for the texts that nationalist critics find symptomatic of an ailing national paradigm undermine the central act that is both medically and allegorically diagnostic. French Canadian literature may therefore benefit from a truly diagnostic reading before it and the national paradigm are pronounced ill.

As I outlined in Chapter 1, successful diagnostic reading, like accurate medical diagnosis, entails knowing the symptoms to which one ought to be attentive. It is therefore imperative to recognize the aspects of the diagnostic narratives that determine the relative success or failure of medico-national allegories. The first of these factors is medical authority, which allows doctors to posit illness as a recognized and accepted disease. At the time that the illness narratives started to appear in Québec in the 1940s and '50s, clinical advances and medical breakthroughs such as antibiotics grabbed headlines and were widely perceived to save lives that would otherwise have been lost to infection and diseases.³³ In the wake of such sensational changes and the general trend

³³ While antibiotics were perceived as breakthroughs that allowed for greatly improved public health, better sanitation, vaccination, and hygienic measures have subsequently been credited for the advancements in

of improving vital statistics that preceded it medical practitioners were able to solidify their authority. The migration toward urban centers also increasingly made hospitals and the doctors they employed the preeminent medical authorities in the province. Folk healers (such as bone setters) and other alternative practitioners (including midwives) were gradually excluded from the circles of medical authority. At the same time, members of the general public, informed by newspaper and magazine articles on proper hygiene and nutrition and public health campaigns, were taking a keener interest in the day-to-day issues of health and wellness. They thus accumulated for themselves stores of medical knowledge previously reserved for physicians and nurses. Québec's diagnostic narratives highlight these transitions and shifts with regard to medical knowledge and authority by showing how both the concentration and dispersion of this authority is played out. The changing poles of medical authority consequently become crucial to assessing how medico-national allegories posit the nation.

A second factor to consider, one related to medical authority, is the importance of the complicated lexical and semantic codes of clinical language. Unlike other specialized languages or quasi-secret codes, which are often devised merely to exclude the untrained, clinical language or medical jargon exists first and foremost for reasons of precision. The phenomena of pathology and the parts of the body on which they are expressed are, in clinical language, each designated by a specific term. Modern physicians depend on medical language for its specificity in referring to both anatomy and pathological phenomena. Since the Enlightenment inaugurated a positivist revolution in Western thought, medical discourse, argues Foucault, has been perceived as a more exact means

this area. The importance of the supposed revolutions in medical and pharmaceutical technology is further discussed in Chapter 4.

of representing the scientific “realities” of the body. These new “truths” could, moreover, be detached from the variable and subjective individuals, the patients, whose bodies house or manifest the disease. It is precisely because clinical language seeks to avoid having to talk about people that patients, excluded from conversations about them, often find themselves frustrated by this jargon. This common irritation with medicine arises because, on the one hand, the impenetrability of clinical speech limits the average patient’s ability to participate in and be aware of his or her own care. Any effective patient involvement is circumscribed by the medical idiom that they are unlikely to fully understand. On the other hand, in allowing clinicians to talk about conditions and body parts rather than about patients, medical language reduces the patient from a subject in a medical dialogue to an object (or a collection of objects: a liver, a heart, a pancreas) of the physician’s probing gaze and speech. Thus alienated from his or her body as the locus of meaning for the medico-national allegory, the sick character and his or her allegorical importance as the emblematic member of Québec’s national paradigm is also questioned.

The third aspect of concern for diagnostic narratives is the matter of what becomes of the diagnosis once a doctor issues it. In a context where modern readers and critics are not only attuned to the metaphorical significance bestowed on certain diseases, but are themselves instrumental in positing the national paradigm in the light of these diagnoses, the names given to collections of symptoms matter a great deal. Certain diagnoses (the plague for instance) evoke fear and panic, others (such as cancer) may suggest resignation and fatalism, still others (the common cold) can be dismissed as relatively inconsequential despite whatever unpleasantness the physical symptoms may

occasion. The connotations that diagnoses acquire come largely from what is taken to be common knowledge about diseases. This general knowledge not only adds itself to the medical information about a given condition, but also frequently substitutes for it. As a result of this popular appropriation of medicine, Western tradition is full of medical myths about unlikely etiologies (cancer comes from holding in one's emotions) and questionable cures (chicken soup as a panacea for all manner of ills). Readings of Québec's illness narratives and pronouncements about the health of the national paradigm ought therefore consider not just the official diagnosis, but also the inflexions that this diagnosis takes on in both in the social and historical contexts of the text and in light of the reader's own situation.

The scenes of diagnosis in which these complicating elements converge become textual spaces that allow readers to reexamine how medical authorities, the supposedly absolute language of the clinic, and widely accepted views of disease can create ambiguity and contradiction in medical narratives. In complicating these earliest narratives, the ones that critics often reference when pronouncing French Canadian literature and the national paradigm it posits ill, it becomes possible to escape the binary of sickness and health that underpins not only the diagnosis of, but also the prognosis for, Québec.

Loaded Diagnoses, Empty Diagnoses

Set at the close of the Great Depression and the start of the Second World War, Gabrielle Roy's Bonheur d'occasion (1945) is widely acclaimed as one of the

foundational texts of modern French Canadian literature. It is among the first, and the most successful, novels to issue from Québec's social realism movement. The emotional yet gritty tale draws attention to the plight of French Canadians who crowded into Québec's cities during the Great Depression. The novel also highlights the nationalist tensions surrounding participation in the Second World War, an issue that came to a head in the conscription crisis of 1942.³⁴ While the questions of class solidarity and competing national allegiances are present throughout the novel (often centering on the debate about enlisting in the army to escape the urban squalor of Saint-Henri), leukemia-stricken, six-year old Daniel Lacasse embodies these tensions. Daniel's frail body becomes the locus of an allegorical struggle between English and French as both the medical institution and his family seek to define and make sense of the youngster's disease.

The tension between French and English in the novel lends itself first and foremost to interpretations whereby Daniel represents a French nation, the medical personnel who care for him an English one. The nature of Daniel's sickness moreover reinforces the tendency to view his illness narrative as a pathologized linguistic, and therefore national, divide in Montreal. The potential for reading the symbolically rich disease, leukemia, as national allegory is nonetheless undercut by the very linguistic difference that grounds part of the national paradigm being posited by Daniel's cancer. The diagnosis of leukemia therefore fails to be a trope of Québec's complex national paradigm. Similarly, the illness narrative becomes an allegory of reading, for the

³⁴ In 1942 the federal government asked Canadians to vote on a plebiscite authorizing conscription during the Second World War. French Canadians—particularly those living in Québec—voted against the rest of the country, rejecting the idea of “conscription if necessary, but not necessarily conscription.”

diagnosis, which so richly posits part of the national allegory, also makes the allegory impossible because it evacuates the diagnosis of meaning.

Throughout the novel, Daniel is described as an unhealthy boy who is thin, pale, feverish, and who coughs a great deal. For the most part though, Daniel is an unremarkable part of the story, just another plaintive mouth to feed in a home where there is never enough food, money, or parental attention to go around. Indeed in the many pages of literary criticism dedicated to Roy's debut novel, Daniel's sickness scarcely elicits more than a sentence worth of commentary in any one study. At the most basic level, Daniel's role in the text is that of the innocent little French-Canadian child who is stricken by terminal leukemia. He must subsequently be cared for, until he eventually succumbs to his disease in an essentially foreign milieu by people who do not speak French and who are not Catholic like him. The alienation occasioned by Daniel's illness is, however, far from just anecdotal or superficial. It resonates throughout the illness experience and, despite the obvious interpretive trajectories centered on this childhood cancer, opens itself to a less Manichean vision of the French-English question that was so common in Québec's literary history.

The gravity of Daniel's condition leaves little choice but for him to be cared for, albeit as a charity case, at one of the best hospitals in Montreal. This hospital, however, happens to be in a much more prosperous, and traditionally Anglophone, part of the city. The language of communication in this facility is English, which shuts out Rose-Anna, Daniel's mother who speaks only French, from the explanations and directions that are meant to inform her of her son's condition. Even simple instructions from the nurse like "He's getting tired. Maybe, tomorrow, you can stay longer" provoke only shame and,

ultimately, resignation for Rose-Anna, who feels responsible for her son's condition (236, original emphasis).³⁵

Rose-Anna's concern for her own incomprehension nevertheless remains subordinate to the worry that her son's linguistic isolation will somehow negatively affect him or his care:

Elle était prise de cette crainte horrible que son enfant fût incapable de se faire comprendre. Et puis, à son insu, un autre sentiment se glissait en elle avec le froid de l'acier.
--Elle parle rien qu'en anglais? demanda-t-elle avec un léger accent d'intimité. Quand t'as besoin de quelque chose, es-tu capable de le demander?
--Oui, dit Daniel simplement.
--Mais il n'y a pas d'autres enfants qui parlent français ici?
--Oui, le petit bébé là...
--Il est trop petit pour parler. T'as personne à qui parler?
--Oui, Jenny.
--Mais si elle te comprend pas?
--Elle me comprend. (232)

[She had a fear that her child couldn't make himself understood in this place. And another sentiment made itself felt, as cold as steel.
"Does she only speak English?" she asked, with a touch of unfriendliness.
"When you need something, can you ask her for it?"
"Yes," said Daniel.
"But aren't there any other children here that speak French?"
"Sure, that baby..."
"He's too small to talk. You've got nobody to talk to?"
"Yes, Jenny."
"And what if she doesn't understand you?"
"She understands." (223-4)]

Alarmed that her son may not be able to communicate his needs to the hospital staff, Rose-Anna's first reaction is that of distress, for she still conceives of her son as the boy who had always clung needily to her apron strings. No longer is he the chatterbox he once was, for his responses are short, muted, and perfunctory, which suggests that Rose-Anna has a two-fold cause for concern: over the lack of communication in French and for

³⁵ In the English translation, the narrator interjects that Jenny directed Rose-Anna to leave in English.

her son's apparent retreat into himself and withdrawal from communication altogether.³⁶ Hence, Daniel's independence from his mother—ironically found in a hospital where all needs are anticipated and illness often reduces patients to total dependence—cannot but shock Rose-Anna.

More significant than the question of needs, however, is the unspecified thought that pierces Rose-Anna like cold steel. While never definitively identified, for the dialogue between mother and son transitions smoothly from a discussion of interactions with the staff to exchanges with other children, her worry seems to come from the more general aspects or reasons for her son's need for social engagement. In shifting her questioning away from Daniel's exchanges with Jenny, the nurse, to his potential for chatting with other children, Rose-Anna redirects her attention to those conversations of a more social nature. Her insistence that Daniel have a community of peers to speak to confirms that French is not simply a language of purposeful and basic communication, but that it is a means of maintaining vital ties to the Francophone community that cannot be eclipsed in the Anglophone environment. For French Canadian readers of the time who, like the Lacasses, may have just left the mostly French countryside to move into cities that traditional nationalists had declared Anglophone territory, such a situation would have particular resonance. In order to maintain these precious and nationally significant links to the French community that he had to leave due to illness, Daniel must

³⁶ Linguist Ludmila Isurin, who has studied first language loss among children immersed in a second language environment has noted that the cessation of communication is one of two possible outcomes in such situations; the other is the acquisition of certain words and expressions in the second language at the expense of the first. See "Deserted Island or a Child's First Language Forgetting," *Bilingualism: Language and Cognition* 3 (2), 2000, 151-166.

therefore form bonds with others in similar situations, much like expatriates will seek each other out when abroad.³⁷

As in many circumstances where one is confronted with a potential loss, the salience of French as a language of community and social formations becomes clear only once it is so threatened that it is effectively absent. In the first of such instances, Daniel finds himself losing his ability to write, spell, and even remember French words. Playing with some lettered cards in his hospital bed, the young Lacasse boy proudly demonstrates to his mother that he has spelled the name of his beloved nurse Jenny, a name that is markedly Anglophone and that he was unlikely to have encountered before meeting his newly beloved (and preferred) care-giver of the same name. Distraught because she has sensed herself replaced as a mother-figure by a member of the hospital staff, Rose-Anna asks her son:

—Es-tu capable d'écrire autre chose?...
—Oui, dit-il gentiment, je vais écrire ton nom.
Au bout de quelque temps, elle vit entre les plis du drap quatre lettres qui formaient "Mama". Elle voulut l'aider à compléter le mot. (235)

["Can you write anything else?" she asked, her throat tightening.
"Sure," he said kindly. "I'm going to write your name."
A little later she saw in the folds of the sheet five letters which made
"Mamma." She wanted to help him finish the word. (226-7)]

Daniel, however, is unable to spell the word that would prove to his mother that she had not been entirely forgotten. Powerless to complete the word "maman," the term that is so frequently uttered as a first word by Francophone children, Daniel forgets the "n," leaving only "mama," the English equivalent in childhood speech. In leaving off the final

³⁷ The possibility of viewing sickness as a foreign country, much like the model established by David Lowenthal's analysis of nostalgia, suggests that illness is a fundamentally alienating or deterritorializing experience. Emily Martin's study of metaphors for the immune system reinforces the spatial alterity of illness: "The notion that the immune system maintains a clear boundary between self and nonself is often accompanied by a conception of the nonself world as foreign and hostile" (53, emphasis added).

consonant, Daniel shows himself to be disconnected not only from his mother, but also from his mother tongue. These kinds of seemingly trivial difficulties with writing are, according to Vincent Schonberger, a common theme in Roy's works. They signal a "deep inner conflict, a tragic division within the self" (130). Although Daniel does not register the rift created by his inability to spell, his mother (whom the narration follows quite closely) perceives his loss of linguistic competence in French as doubly significant. The first component of the cultural loss centers on the boy's symbolic and literal alienation from his mother, and by extension, his whole family. The second hinges on the linguistic distance between him and the larger Francophone community, a gap that widens with every passing day that he is isolated from the language that he has already begun to forget.

As Daniel's ties to his language and his mother are unwittingly severed by circumstance, his connection to his religion is cut off by much the same process—the forgetting of key words—that is slowly obliterating his mother tongue. Daniel finds himself alienated from his Catholic faith when he cannot remember his daily prayers. When his pious older sister Yvonne comes to visit him in the hospital, she asks Daniel if he remembers his prayers so that they might pray together. Daniel, who has been isolated not only from his language, but also from the daily rituals of his religion in the Anglophone and Protestant hospital, replies "Non, je me souviens plus...Il y a rien que le Notre Père" (373) ["Nothing but Our Father..."(355)].³⁸ For French Canadians who had based much of the content of their national paradigm on Catholicism, forgetting one's prayers constitutes an enormous loss of cultural capital. Moreover, Daniel forgot the one prayer, the Hail Mary, that readily differentiates Catholics from Protestants. The Hail

³⁸ Brown's translation elides the first part of Daniel's statement.

Mary is also the prayer used to seek the intercession of the Holy Mother. Forgetting this particular prayer thus doubles Daniel's earlier forgetting of his mother's "name" and losing his grip on the language used to express it. Religion therefore mirrors the linguistic connotations of the hospital, and in so doing raises the specter of the cultural subtexts insofar as they define a French Canadian national paradigm centered on language and religion.³⁹ The importance of being Francophone and Catholic is, in fact, never so present in the novel as it is when Daniel's disease forces him to be hospitalized, precipitating the disintegration of these two facets of his identity. Frenchness and Catholicism therefore come, albeit through their absence in one sick boy, to define the healthy French Canadian.

The erosion of these two fundamental aspects of what it means to be French Canadian is mirrored in Daniel's diagnosis of leukemia. The specificity of this particular cancer sharpens the crisis of the national paradigm precipitated by his hospitalization and provides critics with one the most obvious instances of the alleged sickening of the national paradigm. Even for those readers who do not know that leukemia is a cancer of the blood, the illness narrative's reference to red and white blood cells being out of balance points to the nature of the disease. Given the rhetorical significance of blood as a common trope for both the family and the nation, leukemia becomes a corruption of and a threat to both Daniel's family and the national paradigm he embodies.

³⁹ Many Québécois aphorisms such as "La foi gardienne de la langue" and "La langue gardienne de la foi" attest to how engrained these two dicta of cultural belonging are. Father of Confederation, journalist, and historian Thomas Chapais has remarked on the imperative of this dual-identity: "Un Canadien français qui n'est pas un catholique est une anomalie, un Canadien français qui ne l'est plus après avoir été est un phénomène monstrueux" (quoted in Dion *Les intellectuels* 72). The intrusion of the teratological into a statement on linguistic and religious identity reinforces, if not exaggerates, the link between forgetting of language and prayers and pathology that Roy puts forth in her novel.

On the level of family, Daniel's hospitalization (and eventual death)—like the departure of his brother and father for the army, his sister Florentine's hurried marriage (to a man who is not the father of her unborn child), and Yvonne's anticipated retirement to the convent—erodes the unity of the Lacasse home. On a much more literal level, Daniel's ties to his family and bloodline are altered by the blood transfusions given to him as treatment. The Lacasse blood, which became dangerous and cancer riddled, is at least temporarily replaced by healthy blood. Although these transfusions are meant to cure him, they also dilute the previously unadulterated blood that he received from his parents. The familial thus assumes national connotations when the blood that is passed from French parents to French child is disturbed by blood from another source, blood that comes only as a result of contact with the English in their hospital.

That Daniel eventually succumbs to his disease paints, for those who would read the illness narrative as an uncomplicated national allegory, a rather grim picture of the future of the French Canadian nation. What had been a sick French boy/nation becomes even sicker and must be removed to an Anglophone environment so that he may be made more English (both literally and symbolically) before eventually dying. He becomes, in the words of Marie-Pierre Andron, “un corps problématique qu’il conviendra de minimiser ou de faire disparaître” (10) [a problematic body that should be minimized or made to disappear] in the same manner as all of Roy's problematic bodies. As Daniel's body and even his memory vanish from the narrative—his mother at one point exclaiming her own shock at having forgotten about her hospitalized child—he becomes the embodied worst-case scenario of traditional French Canadian nationalists. This child had become the ultimate symbol of English assimilation following the Francophone

migration to the cities and close contact with les Anglais. Yet when one reads between Rose-Anna's fears and the over-determined nature of leukemia as cultural signifier, one nonetheless finds the possibility of a national paradigm that complicates interpretations of the text as an allegory of national contamination and immunological collapse.

Daniel's cancer, despite its medical and national consequences, still allows him a measure of independence from his mother and an awakening to the larger "world" of Montreal beyond the steps of his tenement in Saint-Henri. These eye-opening experiences are the by-products of the English medical environment and occur because, and not in spite of, his cancer. Not everyone would greet such freedom from the family and the small French Canadian community with optimism though. Clerico-Conservative nationalists like Groulx argued that the French Canadian nation, the "race," and the French language that sustain it, could not survive assimilation if French Canadians were forced to live and interact with Anglophones on a daily basis. In a 1934 speech to the Société Saint-Jean-Baptiste of Montreal, a fervently nationalist organization, Groulx questions whether the French Canadian nation, indeed its soul, could continue to exist "sans un milieu français, sans une éducation française" (206) [without a French environment, without a French education]. Rose-Anna's concern over her son's diminished ability to communicate in the English medical environment therefore seems to echo such nationalist trepidation. She nevertheless finishes her thought about Daniel's apparent linguistic assimilation as follows:

Il [Daniel] avait un léger mouvement d'impatience. Et ses yeux cherchaient le sourire de Jenny au fond de la salle. Elle était quelque chose de merveilleux et de tendre qui était entré dans sa vie, et ils se comprendraient toujours même s'ils ne parlaient pas la même langue. (232-3)

[He [Daniel] was getting just a shade impatient. His eyes sought Jenny's smile at the other end of the ward. She was something wonderful and gentle that had come into his life, and they'd always understand each other, language or no language. (224)]

Rose-Anna's use of wonderful and gentle to describe the nurse who had come into Daniel's life extols the value of the cross-linguistic bond that was a comfort to her dying son. Admittedly, Rose-Anna's earlier dismay situates these moderating comments within an overall context of unease. Her subsequent statement nonetheless belies a certain acceptance of the fact that, despite their differences, Daniel and Jenny would forever share a bond that bridges the linguistic divide. Indeed, Rose-Anna's caution with regard to the whole language issue seems to stem not from nationalist sentiment, but rather from envy of her son's affection for his new caregiver, the same one who spoke to her only in English and only then to ask her to leave, the one whose name her son could spell instead of hers. Daniel's tender relationship with his nurse Jenny therefore belies an acceptance of religious and linguistic difference, for he embraces her as though these differences were not there. As a result, the conservative nationalist idea that these differences constitute insurmountable barriers to understanding between national Others seems highly suspect.

Daniel's leukemia can therefore be read as both tragedy and opportunity. Just as the chemotherapy now used to treat leukemia is a poison that makes cure possible, cancer is the disease that allows for a complication or enrichment of French Canadian identity. Insofar as Roy's story gives a salutary valence to Daniel's cancer, she frames his leukemia in much the same way that Derrida describes the pharmakon—that which is both poison and remedy—in “La pharmacie de Platon.” Roy thus “interrupt[s] the relations interwoven among different functions of the same word in different places”

because she turns a child's culturally loaded diagnosis of leukemia into a palliative, not just for Daniel, but for his mother as well (98). Daniel's illness experience might then signal a new way of thinking about the national paradigm, for the disease becomes an ambiguous signifier in the world of one scared and sick boy. The communal and the more narrowly familial can now (at least in theory) include the difference that it had previously tried to fight off. Granted, Daniel proves unable to resist his cancer, which fuels the diagnosis and outcome centered readings of sick characters so common to medical allegory. Still, the experience of illness, treatment, and care announces a French Canadian coming to terms with the omnipresent English Other.

If Daniel's disease and his death lend themselves to allegorical readings centered on the erosion of his national and familial identity, and therefore cast Québec's national paradigm as sick and dying, Roy's novel undermines such interpretations in two ways. As noted above, the fatalism of leukemia for the national paradigm is tempered by Daniel's palliative and cross-cultural relationship with his nurse Jenny. The greater impact on such allegorical readings, however, comes from the uncertain status of the actual diagnosis within the text. By placing the diagnosis, which can be read as metaphor, in tension with the illness narrative and medico-national allegory that it creates, Roy makes a crucial move by questioning the primacy of the diagnosis in the medico-national equation.

The diagnosis of leukemia, which is central to positing the national paradigm in a morbid light, issues from within a medical institution that is always also marked as Anglo-Protestant. This means that, like the nurse's instructions to Rose-Anna, the

diagnosis is communicated to her only in English. For the unilingual, francophone Rose-Anna, the character whom the narration follows most closely, the foreignness of the Anglophone environment, when coupled with the distance that the clinical code imposes, further isolates her from her son and compounds the effects of this national sickness. This is because the most salient facts of Daniel's illness narrative, those on which the sick national paradigm rest, are inaccessible to her.

From the outset of the illness narrative, the medical discourse that posits Daniel as sick is inextricable from the English language and Montreal's Anglo-Protestant culture. The first mention of the symptoms of Daniel's leukemia are, for instance, only revealed to the reader once Rose-Anna is said to be trudging up Mount Royal to the hospital. It is only once Daniel has been admitted and that his mother is coming to see her hospitalized son that readers are informed that she noticed "de grandes taches violettes sur ses membres" (226) [large violet patches on his arms and legs (217)] and was sufficiently alarmed to seek out the care of more competent doctors. In this way, the first disquieting symptom is already situated within the realm of the medical and the Anglophone, to the extent that even Rose-Anna's action in seeking medical care is circumscribed by the positioning of this information within the clinically and culturally dominated outcome of the trip to the hospital.

Rose-Anna's appreciation of and control over what is happening to her son is also constrained by the doubly foreign language of the English medical environment:

Dans sa répugnance à s'en aller, il y avait tout l'effort qu'elle mettait à se souvenir de quelques mots d'anglais. Elle cherchait à s'informer du traitement que subissait Daniel. Elle aurait voulu décrire le caractère de l'enfant afin que la jeune infirmière sût l'aider du mieux possible au moins puisqu'elle devait le lui abandonner. Mais plus elle y pensait, plus une explication de ce genre lui paraissait difficile. (236)

[Hating to leave, and she stopped, trying desperately to remember a few words of English. She wanted to know what treatment Daniel was getting. She would have liked to describe his character so that the young nurse could care for him as well as possible, seeing that she herself had to abandon him. But the more she thought, the more she realized that she was incapable of such an explanation. (227)]

Lacking the means to either ask questions or to contribute information about her son and his care, Rose-Anna is relegated to observing. And while English is not as fundamentally esoteric a language as medical discourse, Rose-Anna's monolingualism proves just as significant a barrier to her participation in her son's care as her being uninitiated to the clinical code.

While national alienation hangs heavy over Daniel's illness narrative because of his diagnosis, most of the story of his sickness is, ironically, played out in the absence of a named disease. Readers are gradually made privy to a list of symptoms, possible causes, and treatments, all the while being kept in the dark about the name of the singular diagnostic entity—the disease—that ties these medically relevant but seemingly secondary elements together. The narrative, which closely follows the thoughts of the distraught and confused Rose-Anna, offers up these bits of information like a puzzle to readers so that they may deduce the diagnosis ahead of it's being revealed:

Le médecin lui avait parlé de globules rouges, de globules blancs, qui se multipliaient...elle ne savait plus lesquels; et encore de déficiences de vitamines. Elle ne comprenait pas très bien, mais elle revoyait le corps à demi dévêtu de Daniel, marbré de violet, le ventre trop gros, les bras pendants; et elle se sentait comme honteuse. (227-8)

[The doctor had talked about red corpuscles, about white corpuscles, and some were multiplying, she couldn't remember which. And vitamin deficiencies as well. She hadn't understood much of it, but she could still see Daniel's half-naked body mottled with violet, his belly swollen and his arms hanging helplessly. And she felt ashamed. (219)]

Although Rose-Anna recognizes, from the obvious symptoms, that something is wrong with Daniel, she cannot discern what it is. It is clear that she understands the link between symptoms and disease as a general principle, for she recognizes that the physicians have interpreted Daniel's symptoms in a medically meaningful way. All the same, the explanations offered by the doctors that extended beyond what she can see with her own eyes, the hematology studies for instance, make no sense to her. Although an informed or medically savvy reader may deduce leukemia from this list of symptoms and laboratory findings, Rose-Anna does not comprehend their significance and the narration offers no clarification on the matter.

When the definitive word leukemia does finally enter the text, it is presented in a way that does not, as might be anticipated, tie the symptoms Rose-Anna observed to a medically sanctioned interpretation. Instead the text highlights the disjunction between the mother and her son's disease. It imposes the doctors and the medical establishment (which is always marked as Anglo-Protestant) as a barrier to making sense of Daniel's illness: "Au pied du lit, il y avait un dossier sur lequel elle lut: Name: Daniel Lacasse. Age: six years. Puis venait le nom de sa maladie qu'elle ne sut pas déchiffrer" (236, original emphasis). ["On the foot of the bed was a card on which she read: Name: Daniel Lacasse. Age: six years. Then came the name of his illness, which she couldn't decipher" (227).] The differentiated text marks the English words on the chart, name and age, which Rose-Anna has been able to decipher thanks to the context and their similarity to the equivalent French terms. The narrative nevertheless relapses into normal, undifferentiated type and back into French precisely when the diagnosis would have been revealed. While reverting to French should, at least in theory, signal a return to the

familiar in a French-language text, Roy's code switching does just the opposite. French, for Rose-Anna, expresses the unknown and unknowable disease, while English conveys the parts of the chart that are easily deduced from context or already known to her. The text, but not the story, therefore makes French the inscrutable language of Daniel's pathology.

Unlike Daniel's name and age, which are preceded by categorical markers, the diagnosis itself and the label for this information are combined into a description, not of the disease, but rather of Rose-Anna's incomprehension. Unable to speak or understand English, and her own mother tongue having been transformed by Roy's narrative into a language of pathology and impenetrable medical authority, Rose-Anna essentially becomes a woman without a language. Rose-Anna's exclusion from French essentially transforms her into a Derridian monolingual:

Le monolingue dont je parle, il parle une langue dont il est privé... Parce qu'il est donc privé de toute langue, et qu'il n'a plus d'autre recours... ce monolingue est en quelque sorte aphasique. (117 emphasis in original)

[The monolingual of whom I speak speaks a language of which he is deprived... Because he is therefore deprived of all language, and no longer has any other recourse... this monolingual is in a way aphasic. (60-1)]

Although Derrida's monolingual is excluded because of politics or prejudice, Rose-Anna is excluded by the textual construction of disease. She is deprived of her language—that key element of French Canadian identity—by the storyline of one of Québec's most canonical texts. Thus while the narration uses French to let the reader know that a diagnosis has been made and presents some of the disease's symptomatology, the narrative also uses it (in contrast to English) to highlight Rose-Anna's incomprehension of the diagnosis.

The key piece of medical information, when it is finally revealed, does symbolically restore Rose-Anna's language to her, but it also simultaneously deprives French of its capacity to convey meaning. Immediately following her noted incomprehension of the diagnosis, the narrative flashes back to an unspecified time in Daniel's illness narrative:

“Leucémie, lui avait dit le médecin; un mal de langueur.” Elle n'avait pas été trop effarouchée, car il n'avait pas ajouté que de ce mal on ne revient pas. (236)

[“Leukemia.” Was that what the doctor had said? “A wasting disease...” She had not been too frightened, because he had neglected to add that from this disease there was no return. (228)]

The statement, which reveals that Daniel is dying of leukemia, informs the reader of the diagnosis as it, ironically, confirms Rose-Anna's ignorance of the disease's nature or prognosis. Thus while the diagnostic statement discloses that Rose-Anna had been informed of the diagnosis, if not its meaning, it raises the question of whether knowing the name of the disease in the absence of substantive information is anything more than empty knowledge or what Suzanne Fleischman calls “an opaque signifier” (17).

Nevertheless, from a narrative point of view, the diagnosis—even though leukemia is never described in much detail—is a turning point in both the story and the national allegory that the medical narrative constructs. By informing the reader of the diagnosis and some information about the disease, Roy establishes dramatic irony. The reader is made privy to information of which not one, but all of the characters in the novel (with the exception of the medical personnel), are ignorant. The most benign of these knowledge gaps centers on Daniel himself. Since his mother cannot explain his condition to him, and more likely because a six year old cannot truly understand the

nature of leukemia, Daniel remains ignorant of his own disease. (It is also reasonable to expect that nobody would want to explain such a devastating condition to a child who had already been dragged from his home to an unfamiliar hospital filled with strangers.) Rose-Anna nevertheless wants to know about her son's condition, but the English environment imposes itself and makes the diagnosis inaccessible to her.

The causes of Rose-Anna's (and to a lesser extent, Daniel's) incomprehension notwithstanding, it is the mere existence of such a knowledge gap that poses problems for reading Bonheur d'occasion as an allegory of a sick Québec. Although Daniel's illness experience and his diagnosis reaffirm the importance of the French language, family, and Catholicism to the national paradigm, the fact that the diagnosis is effectively an empty signifier poses problems for labeling the national paradigm sick and dying. It is not that the illness narrative contests the morbid medico-national allegory in a particularly overt way, but rather that the characters's lacunae in medical knowledge, which are themselves part of the allegory, limit the possibility of reading the illness narrative as national allegory.

As a diagnostic narrative, one that is supposed to identify the problems within the national paradigm, Bonheur d'occasion frustrates the medico-national allegory that declares Québec's national paradigm sick in the way that a symbolic diagnosis like leukemia would suggest. Instead of specifying the nature of the national ill, Roy's diagnostic narrative highlights the ignorance and incomprehension of the disease affecting the national paradigm. Rather than pointing to the obvious and nationally detrimental erosion of the French language and Catholic values in working class

Montreal, Daniel's disease draws attention to the difficulties posed by his mother's uncompromised francophone status.

On a more general level, one removed from the specificities of Daniel's leukemia, Roy's novel confronts readers of medico-national allegory with the importance of understanding the nature of both the entities being posited in the story: the disease and the national paradigm. By having a legitimate and medically sanctioned diagnosis whose significance is unknown to those who are most affected by it, Roy underscores the degree to which the process of positing disease does not include patients. The clinic, according to Foucault, is an institution that traditionally consigns patients, to the passive role of objects of the medical gaze. Daniel (because he is a child) and Rose-Anna (because she lacks the means to communicate with the medical personnel) prove to be ideal patients in the Foucauldian sense, for they cannot challenge their roles as objects in the medical drama unfolding around and about them.

Unlike diseases, which both can be and—if Foucault's clinic is upheld as a model of medical practice—are posited without patient participation, national paradigms require at least some measure of participation from those who would find themselves part of a given paradigm.⁴⁰ Even those national paradigms that lean heavily toward shared traits, such as the one proposed by Groulx, require some measure of participation or acknowledgment on the part of those who are to be part of the nation. On the other end of the spectrum, the need for direct participation is even more pronounced. Anderson

⁴⁰ In speaking of Foucault's clinic as a model of medical practice, I do not mean to advocate for clinical practice that marginalizes patients. Such clinical models, when implemented in ways that ignore patients, notes actual physician Arthur Kleinman, frequently fail to provide effective care. Rather, describing the Foucauldian clinic as a model refers to a type of medical practice, the one that has dominated in Western medicine since the 18th century, which is centred on the physician. In recent times, particularly since the emergence of AIDS and the advent of the Internet, patients have been assuming a greater role in the clinical process, often to the frustration of the medical community. See David Caron, AIDS in French Culture: Social Ills, Literary Cures, and Cindy Patton, Inventing AIDS and Fatal Advice.

stresses the necessity of mass participation for forming a national paradigm when he discusses collective (mental) acts required to constitute to nation. He reminds readers that nations must be “imagined” (6) or “conceived” (145) as the result of as a simultaneous process of “remembering” and “forgetting” (187, 206). These verbs of cognition imply that the national paradigm cannot be formed in the absence of mass participation in the process, even if these necessary acts are only mental and largely unconscious. An individual engagement with a concept of nation that makes national belonging coincident with participation in collective acts or expressions of a national consciousness therefore proves to be a vital component of the national paradigm. The non-participatory process that brings disease into existence in the medical narrative consequently finds itself at odds with the ostensibly parallel but necessarily participatory process of positing the nation (as sick). This fundamental limitation of the medico-national allegory is exposed not because Daniel and his mother defy clinical norms; but on the contrary, the limits of allegory are shown because they perform the roles of passive patients so perfectly.

The illness narrative in Bonheur d’occasion draws attention to the inherent difficulties of the medico-national allegory. It does so by exposing the conflict between the diagnosis of leukemia as national and metaphor and the meaning that this disease takes on—or more appropriately sheds—as a result the allegory (of reading) centered on the illness narrative as a whole. Differentiating the disease from the way in which it is presented in the text therefore complicates not just this particular allegory of nation, but also the entire tradition of reading the national via the diagnosis-centered medical narrative.

Diagnostic Possibilities, Diagnosis As Impossibility

If Roy's earlier novel questions the relevance of a given diagnosis in positing the national paradigm, her later work, Alexandre Chenevert (1954) focuses on how competing and unorthodox diagnoses unsettle allegorical articulations of a national paradigm.⁴¹ The novel uses clinically unconventional diagnoses and rival medical authorities to challenge accepted notions of what diagnosis is and what it does in both medical and everyday settings. In undermining key clinical assumptions about what constitutes a legitimate diagnosis and who has the authority to diagnose, the novel disrupts the authority driven and scientific orientation of medicine while privileging communal or lay authority in matters of illness and disease. The diagnostic narrative's ability to posit the national paradigm, and specifically to posit it as sick, is consequently undercut not just by questions of who can make such pronouncements, but also by debates about what truly constitutes a "sick" nation.

Roy's novel tells the story of Alexandre, an ailing and somewhat neurotic bank teller who worries about everything from his digestive proclivities to the consequences of the Cold War. After he makes an accounting error at work, Alexandre's colleagues, who are convinced that something is seriously wrong with him, compel him to seek medical help. An initial examination, however, reveals there is nothing wrong with him despite his numerous physical and psychological symptoms. The physician orders Alexandre to

⁴¹ The title of the English translation is The Cashier. The titular shift from personal name to occupation is intriguing when one considers that for a third of the novel, Alexandre can no longer work due to his illness and hospitalization. Although he was diagnosed with cancer, a disease that is commonly thought to represent a usurping of an individual's identity, the professional rather than personal title reinforces the way in which cancer is self-alienating.

relax, which he does for a time, but the banker's stress and symptoms persist and worsen. He eventually returns to the doctor and is finally diagnosed with what turns out to be terminal prostate cancer, a distressing and symbolically-rich diagnosis that was missed during his earlier examinations.⁴² Alexandre's body consequently becomes a site of conflict between ineffective and potentially incompetent medical authorities and everyday people who, despite their lack of medical training, are (in a manner of speaking) successful diagnosticians. The illness narrative in turn finds itself alternating between recognizing medical authority on the basis of exercising clinical functions and conferring authority upon those whose diagnoses prove to be correct.

Given that Québec's national paradigm was (and remains) in constant tension between the exemplary articulation, which issues from national authorities, and the communal vision that hinges on how the population at large sees the nation, the crisis of medical authority in the novel lends itself to allegorical readings centering on who actually articulates a "legitimate" national paradigm. This duality between the communal and the exemplary, a feature of the national paradigm that is perhaps more prominent in Québec than in other contexts, is fundamental to Québec's national self-definition. The national allegory therefore seems relatively straightforward.

The similarly ambivalent roles of accepted authority figures notwithstanding, the medical storyline ultimately differentiates itself from the national situation because there is a right and a wrong diagnosis. Alexandre's illness narrative reminds readers that while

⁴² The treatment of choice for prostate cancer at the time of the novel, despite the fact that radiation therapy had been in use in cancer treatment since the 1920s, was still a prostatectomy. The loss of sexual function that was a frequent side effect of this treatment option symbolically emasculated the patient. The process of diagnosing prostate cancer—although Roy's text does not describe it at all in the first exam and only obliquely in the second—is also figuratively emasculating (at least in heteronormative terms) for the rectum must be penetrated and the prostate palpated. Alexandre's disease and the medico-national allegory it occasions consequently seem to imply not only that the national paradigm is sick, but also that it hinges on compromised masculinity.

there is no objectively correct way of positing a national paradigm, incorrect or missed diagnoses can have fatal consequences. The national allegory consequently becomes an allegory of reading, because the illness narrative fails to posit disease—to diagnose—in a manner that is medically meaningful, be it in terms of the theoretical functioning of the clinic or of the patient's outcome.

The first question Alexandre Chenevert raises is that of who can be considered a legitimate medical authority. The text establishes two parallel authorities: the recognized medical profession, embodied by Dr. Hudon, and members of the general public, including Alexandre's coworkers, Godias and M. Fontaine, and the patient himself. When the non-doctors appropriate the diagnostic function they must negotiate a rigidly defined and unfamiliar professional process. Moreover, they must diagnose without the tools of the clinic—the gaze and medical jargon—which Foucault contends both posit disease and allow doctors to position themselves as medical authorities. Roy's illness narrative consequently exposes how these medical amateurs claim professional authority in the absence of the tools and esoteric skills that produce it. As they successfully take on the functions of the clinic the non-doctors nonetheless problematize the categories of illness and disease, which depend on the institutional recognition of sickness. The novel's rival diagnostic authorities therefore threaten not just the clinic's monopoly on medical authority, but also the legitimacy of disease as an entity that issues from clinical processes and authority.

Alexandre's illness narrative stages three instances of lay diagnosis. While incomplete on their own, these proto-diagnoses can be combined to encompass the necessary steps of the clinical processes associated with the naming the disease:

evaluation of the patient's symptomological narrative and a physical examination, linking the outward signs and symptoms to a pattern recognized as a disease, and deciding on a prognosis and/or a course of treatment. Together, these lay diagnoses challenge traditional medical authority, for they cumulatively produce a diagnosis that is more correct than the physician's.

The first step in diagnosing Alexandre's condition is performed by a fellow bank teller, Godias. Rather than taking place in a clinical setting such as a doctor's office or a hospital, Godias's surreptitious examination of his "patient" occurs after lunch at their habitual eatery. Here, the cafeteria table that they have just abandoned doubles as an examination table, as one teller observes and appraises the other:

Il le vit tout petit, si maigre auprès de lui-même. Il observa son mauvais teint, sa bouche plissée et, au lieu d'y reconnaître l'expression d'une âme qui souffrait, Godias crut apercevoir les ravages jusque-là inaperçus de la maladie. "Il est plus malade qu'il ne le croit, pensa Godias avec consternation. Il doit être atteint gravement... plus qu'il ne s'en doute."
(59)

[He became aware of his tininess, his thinness by contrast to his own bulk. He noticed his bad complexion, his puckered mouth, and instead of recognizing the expression of a soul that suffered, Godias believed he saw the hitherto unperceived ravages of illness. "He is sicker than he thinks," Godias said to himself with alarm. "He must be in a bad way...worse than he suspects." (52-3)]

This diagnostic process, while not backed in any official capacity by the clinic and its all-pervasive gaze, follows the model of the modern medical profession. Godias not only sees Alexandre, but scrutinizes the cashier and perceives his colleague with great attention. Godias thus participates in the scientific method, which takes observation, along with hypothesizing and experimentation, as its key operations. Godias's lunchtime remarks, seemingly spontaneous comments on a colleague's appearance, accordingly

engage him a discourse and a methodology at the heart of medicine. What Godias observes—emaciation, poor color, and a puckered mouth—become, through a presumed knowledge of symptoms, signs of severe sickness. By distinguishing the abnormal and translating it into clinical signs, the healthy bank teller hypothesizes the existence of a serious underlying condition and posits that a disease is responsible for the observed effects. While Godias stops short of naming the condition, no doubt because he lacks the training or knowledge to do so, he proves to be an astute and methodical observer of Alexandre’s body.

The empiric way in which Godias observes his coworker can also be classified as scientific because he rejects impressionistic or subjective explanations for Alexandre’s symptoms. The “au lieu” that separates Alexandre’s suffering and tortured soul from the medical explanation of diagnosis that had “jusque-là” gone unnoticed signals two things. On the one hand, it serves as an outright rejection of an affective explanation for Alexandre’s symptoms. It therefore firmly relegates the emotional to a non-medical context. On the other hand, Godias’s diagnosis signals a shift in the bank worker’s status from concerned friend to proto-medical authority.

Although Godias carries out his examination in accordance with the scientific methodology that anchors medicine, the ways in which his observation diverges from normal clinical practices proves problematic. Given that Godias diagnoses Alexandre without his colleague’s knowledge, the most common symptoms of Alexandre’s actual problem—frequent urination and/or difficulty urinating—are never discussed. In light of the context of this diagnosis, this “oversight” is understandable. The prim and proper Alexandre, after all, is unlikely to have discussed his bathroom habits with a colleague

over lunch. The lack of conversation between the diagnostician and the patient therefore reinforces medicine's status as more than just an application of clinical procedures.

The nature of the "maladie" that Godias diagnoses also proves to be a sticking point in his assuming a truly clinical role. Given the way that the definite article la in la maladie functions it could have one of two meanings, that of the type (a category) or of the token (a particular occurrence within the category). In the first, la could point to sickness in general (in much the same way that la guerre can refer to a general state of hostility without implication of any specific combatants or historical era). In the second, la maladie could indicate an as yet un-named, but singular ailment or disease entity. Since French does not distinguish between illness and disease, as the English translation does, there is nothing particularly unusual about Roy's use of la maladie. This phrasing nevertheless draws attention to the subtle but foundational distinctions between illness and disease that operate in the context of Godias's lay diagnosis.

Kleinman defines illness as the generalized experience of being unwell. Illness is "the innately human experience of symptoms and suffering" that "refers to how the sick person and the members of the family or wider social network perceive, live with, and respond to symptoms and disability" (Illness narratives 3). At no point in his definition does he allude to the presence or the influence of institutional medicine. Illness therefore exists outside of medical recognition and clinical frameworks. Disease, which does not negate illness, appears only once a clinical authority recognizes a condition. Disease, continues Kleinman, is "what practitioners have been trained to see through the theoretical lenses of their particular form of practice" (5).⁴³ It issues from a cumulative

⁴³ Kleinman also defines a third term, sickness, as the larger construction of a particular disorder (in an impersonal sense) and its implications for various institutions and discourses in a given society.

process of training and adherence to a procedure that allows practitioners to perceive illness in a way that is not shared by those without medical training.

In Godias's reflection, however, la maladie, quite aside from the linguistic constraints of French, could refer to either a medically sanctioned state of pathology (a disease) or one that exists entirely outside of a clinical framework (an illness). It is precisely this ambiguity that makes this episode of lay-diagnosis pertinent to the question of medical authority that permeates all aspects of Alexandre's medical narrative. If la maladie is taken to refer to a specific, but as yet un-named disease, Godias simply does not disclose the name of the ailment with which he believes his coworker to be afflicted. A problem thus arises because of textual silence during diagnosis, when there should be not only speech, but also the very precise words of the clinical code. This clinical language, argue theorists such as Baer and Foucault, is used in diagnosis not just to be precise, but also to separate those with medical authority from those without it. The unusual vocabulary and syntax distinguish doctors from those who are uninitiated to the complexities of the clinical code. The esoteric nature of clinical language accordingly preserves medical authority because its use can be restricted to those who have studied it at length. When Godias attempts, in cataloging symptoms, to use the language devised precisely for the purpose of communicating information about observed pathology and abnormality in the body, he only completes half the task. Specifically, he fails to master the language of the profession needed to translate symptoms into disease and consequently shows himself to be an uninitiated physician. Godias's diagnosis, therefore, creates a troubling textual void centering around the name of the disease he asserts to be present.

By not naming the disease, Godias blurs the line between illness and disease because he fails to discern the precise entity or condition that explains the symptoms he observes in his colleague. This gap in the narrative notwithstanding, it is clear that Godias has appropriated at least some diagnostic authority. Yet, his status as a member of the uninitiated majority, who do not constitute the clinic, raises a question about the nature of his incomplete diagnosis. Is Godias refusing to name the disease or can he, like Rose-Anna, not actually distinguish the nature of the sickness from the state of sickness itself? The impossibility of answering this question reinforces the dual meaning of the French maladie and therefore leads to a confounding of illness, the non-medicalized state of sickness, and disease, the pathology posited by the clinic. If medical authority is the element that distinguishes disease from illness, and lay diagnosis erodes the difference between these two categories, Godias's diagnosis challenges medical authority before the doctor is even mentioned in the narrative.

As la maladie, taken as un-named but specific disease, fuses with the idea of illness, the problem of what can actually be diagnosed emerges. According to Kleinman, diseases exist only once diagnosed, which is to say once they are said to exist by a medical authority. Illnesses are totally independent of the diagnostic process and exist before, during, and after diagnosis. By dint of the fact that illness is independent of diagnosis, it stands to reason that it does not come into being in the same manner as disease. Yet because Godias fuses a processes that is constitutive of medical authority, the gaze, with the ambiguity and non-clinical nature of illness, he makes it possible to “diagnose” both illness and disease. In diagnosing that which cannot be diagnosed—an

illness—the bank teller unsettles the distinction that critics like Kleinman and Foucault contend is fundamental to the construction of the clinic and medical authority.

If Godias's role in the diagnostic process centers on examination and the diagnosis of a non-disease, M. Fontaine, Alexandre's boss, contributes to the lay medical process by prescribing. Hence, he too participates in the communal diagnosis that undermines traditional medical authority and thereby exacerbates the tension between the communal and the exemplar in the national allegory. After a stressed and poorly-rested Alexandre misplaces a hundred dollars from his cash drawer, M. Fontaine confronts his distraught employee. M. Fontaine takes both Alexandre's behavior and appearance into account as he diagnoses a problem that is being played out on two levels, the medical and the professional. As Alexandre's physical problems begin affecting his work, his boss blurs the line between medical and professional authority as he issues his prescription:

Je vais pourtant exiger quelque chose de vous... de vous faire soigner, dit le directeur. Vous n'avez pas bonne mine... Si vous avez besoin de vacances plus tôt qu'à votre tour, je pense que je pourrai arranger cela... Un peu de repos... (78)⁴⁴

[But I am going to ask you one thing... to get someone to give you a good check up... You don't look well... If you need your vacation a bit before your turn, I think I could arrange it... Perhaps a little rest... (65-6)]

M. Fontaine's instructions, denoted by the verb soigner, call for Alexandre to seek out medical care. This choice of words, while still implying the notion of the check up used in the English translation, also suggests actual treatment. The exhortation to seek care nevertheless insinuates that the patient's disease has already been identified, for general medical practice holds that diagnosis precedes prescriptive intervention. In prescribing

⁴⁴ The ellipses appear in Roy's text, although the narrator (whose words I have not included here) intervenes between the bank manager's utterances.

additional care, therefore, the bank manager acts as a general practitioner might when he or she refers a patient to a specialist for treatment. One may consequently construe the bank manager's diagnostic silence to mean that Alexandre's condition is already defined. Ironically then, M. Fontaine's lack of diagnosis reinforces his medical authority because he does not explicitly counsel his patient to seek out a diagnosis. Despite M. Fontaine's possible deferral of diagnosis, he does not entirely relegate its auxiliary function, treatment, to recognized practitioners. In counseling his employee he suggests that the teller rest and offers to let him take his vacation early to facilitate the timeliness of this treatment. The nature of this prescription, while benign and even charitable in tone, is nevertheless a tremendous consolidation of power for it fuses the medical authority of one who diagnoses and treats with the authority of employer over employee.

M. Fontaine's diagnosis and prescription, while even less explicit than Godias's, also probes at the illness/disease distinction and its role in the construction of medical authority. The social function of diagnosis, a key concept in Elaine Showalter's Hystories and Talcott Parsons's reflections on the sick role, accords certain privileges or exemptions to those considered to be sick.⁴⁵ In acknowledging the effect of Alexandre's condition on his work and according him certain favors because of it, M. Fontaine recognizes his employee as legitimately sick. While there is nothing particularly unusual about a boss granting sick leave to an ailing employee, convention holds that a physician first confirms the legitimacy of the sickness and the privileges it entails via diagnosis. The employer then typically defers to the doctor's judgment about the patient's ability to work. The bank manager, however, appropriates the clinic's evaluative function via the

⁴⁵ The concept of the sick role is a nearly omni-present force in Roy's novel. Alexandre begins by coveting the role and its privileges only to recognize, once he is admitted to the hospital, that it is not a situation that allows for the rest and calm he had anticipated.

linked actions of diagnosing an aberrant biological state and recognizing that this pathological condition (whatever it may be) merits special consideration. In this way, the non-clinical illness again assumes some of the characteristics of the medically authoritative disease and the lay diagnostician, the authority of actual doctors. M. Fontaine also appropriates diagnostic authority based on a less-physician centered model of recognizing disease. Charles Rosenberg supports this model when he contends that disease is “an amalgam of biological state and a social definition” (*Cholera Years* 5n). M. Fontaine’s acknowledgement that Alexandre’s biological impairment merits special considerations thereby can also be said to constitute a disease because of the way in which it acknowledges and addresses the needs of the sick.

Unlike the two earlier instances of lay-diagnosis, in which non-doctors deploy the clinic’s methods of the naming disease, Alexandre’s self-diagnosis in no way adheres to these institutional conventions. Rather than being systematic, scientific, or connected to a source of authority, the ailing teller’s self-evaluation is best described as the kind of off the cuff remark that typically signals frustration, but little medical acumen. Yet, as a disheartened Alexandre muses, “Je finirai par mourir d’un cancer d’estomac” (15) [“I’ll end by dying of cancer of the stomach” (20)], he is able to do the one thing that neither of his colleagues is able to: name his disease. In addition to enumerating a collection of symptoms, the larger self-diagnostic narrative also performs another of the ancillary functions of diagnosis: prognosis. By announcing that he will die of stomach cancer, Alexandre declares himself a terminal case and thus offers up a prognosis for his condition even before he names it. This sarcastic prognosis turns out to be both inaccurate and ironically prescient, in that it foreshadows Alexandre’s eventual demise

from cancer, albeit of the prostate. Indeed, it is from this flippant, unconventional, diagnosis that lacks authority that the unlikely diagnosticians—the bankers—issue their greatest challenge to medical authority.

Alexandre's focus on his stomach as the probable location of his cancer, while not technically correct, creates what will become, in the context of his dysfunctional illness narrative, a medical half-truth. When the nervous cashier finally seeks medical help at the behest of his boss, he complains to his doctor mainly of the stomach pains, headaches, and general malaise, which keep him up at night and force him to adhere to an unhealthy diet of coffee, cigarettes, and nutrient-deficient food. These symptoms and complaints are not unexpected for a man whose gastro-intestinal indispositions, worries, sleepless nights, and poor mental health are so thoroughly documented throughout the early stages of Roy's narrative that they practically double as medical history. The doctor predictably uses Alexandre's copious symptomatology, much of which is elided during the medical exchange, to guide his investigations and lab tests. Pronouncing Alexandre free of any discernable disease but undoubtedly suffering in a variety of ways, the physician sends his patient off from the follow up visit with an exhortation similar to M. Fontaine's, to relax and to get out of the city. When this treatment plan does not satisfy Alexandre, whose indisposition had after all become severe enough to attract the attention and concern of his colleagues, Dr. Hudon gives him a handful of prescriptions for palliative therapies. The doctor therefore finds Alexandre to be ill, but not diseased, in much the same way that Godias and M. Fontaine did. Although the doctor lacks neither the knowledge nor the authority to posit disease, he refuses, which signals his doubt as to the veracity of Alexandre's claims. By contrast, Godias is convinced that Alexandre is not

only sick, but even sicker than the borderline hypochondriac believes and attests through his daily comments and behavior. M. Fontaine, who prescribes both rest and follow-up care to his employee, recognizes that Alexandre needs more than just a vacation.

Alexandre, however, has to practically ask for the portion of his care that extends beyond what might otherwise be construed as friendly advice. The physician therefore becomes the only one of the novel's four diagnosticians who categorically rejects the idea of an underlying problem when he too diagnoses an illness rather than a disease.

Alexandre's self-diagnosis, however, will yet put the doctor's authority and the allegorical nature of the diagnostic narrative to the test, for the illness narrative shifts toward a more outcome-oriented phase, one that exposes Alexandre Chenevert as an allegory of reading. A year and a half after he had found his patient to be disease-free, Dr. Hudon re-evaluates a much sicker Alexandre. As the doctor discerns the now unmistakable signs of prostate cancer, doubt creeps in as to whether or not his patient's focus on gastro-intestinal symptoms and overall unsteady mental state had caused him to overlook the true cause of his many problems:

Se pouvait-il que lui-même, au dernier examen clinique, eût négligé certaines recherches?... À la première consultation, en date du mois d'août, il releva que déjà, à cette époque, "le patient devait se lever la nuit"; mais le docteur Hudon constata qu'il n'avait alors relié cette habitude qu'à l'insomnie. Il s'était surtout concentré sur les troubles gastriques, l'excessive nervosité du malade... la dernière consultation remontait tout de même à plus d'un an, intervalle peut-être suffisant pour l'apparition et le développement des symptômes présents. (228)

[Was it possible that he himself, at the last clinical examination, had neglected to investigate certain things?... AT the first consultation, during the month of August, he found that already the, "the patient had to get up during the night"; but Dr. Hudon ascertained that he had connected this habit only with insomnia. He had concentrated especially on the gastric disorders and the sick man's excessive nervousness... after all the last consultation was already more than a year ago, an interval perhaps

sufficient for the appearance and the development of the present symptoms. (171)]

Looking back, at the initial examination, the doctor's fears may indeed be justified, for Alexandre had obliquely mentioned both his loss of interest in sex (which could hint at his inability to get or maintain an erection) and his inability to sleep through the night. These significant facts aside, the doctor seems to have ascribed such symptoms to his patient's overall poor mental and physical health rather than considering them an indication of his actual disease. And while Dr. Hudon had presumably performed a standard physical exam and had taken a very thorough medical history, the second of Alexandre's symptoms is only framed in the context of prostate problems during the second exam.⁴⁶ The doctor's skepticism and tentative self-reassurance that he had not missed what had now become a very obvious tumor gives circumstantial, if not strictly etiological, credence to Alexandre's diagnosis of stomach cancer. By "distracting" the doctor from the real problem, the early symptoms of which he had nonetheless faithfully reported, Alexandre's focus on his gastric symptoms may have prevented Dr. Hudon from considering all the relevant medical possibilities. The physician's missed diagnosis gives the as-yet undiscovered tumor time to grow, metastasize, and reach a terminal stage.⁴⁷ Consequently, it was not so much a cancer located in the stomach that would

⁴⁶ The text gives no indication that the exam administered during the second visit differed in any way from that performed during the initial consultation. The text, however, elides many of the details of the actual exam(s), including any of the individual tests or procedures used to assess a patient. For instance, it makes no reference to the manner or even the area on the body that the doctor palpated to detect the tumor. Therefore, while a digital rectal exam had been the standard diagnostic technique for this kind of cancer since the 1910s, Roy (who for obvious reasons has never had a prostate exam) omits any overt reference to the procedure from her narrative even though her husband Marcel was a doctor—a surgeon and oncologist specifically—and, notes her biographer, had suggested corrections of a medical nature to the novel's manuscript. See François Ricard, *Gabrielle Roy: Une vie*.

⁴⁷ The question of the missed diagnosis in this 1954 text is oddly coincidental with the abandonment of a provincial bill, introduced in 1951, that would have funded and put into operation a number of centers for diagnostic medicine throughout Québec (Dion, *Les intellectuels* 101).

eventually kill Alexandre, but rather a cancer disguised by the stomach and hidden near the end of the digestive track that would ultimately be responsible for his demise.

The confusion over the cancer's location raises one of the most difficult questions about medical authority in the illness narrative. By asking who is the diagnostic authority in this case—the grimly prescient Alexandre, his partly intuitive-partly logical colleagues, or his belatedly medically correct doctor—readers are compelled to interrogate what truly constitutes diagnostic authority. If the ultimate goal of diagnosis is to be an intermediate step on the way to cure, then neither the non-doctors nor the physician can legitimately be considered authorities, because Alexandre's symptoms are not alleviated and his cancer spreads. If, however, one thinks of diagnosis in a pathological sense, whereby identifying the cause of bodily abnormality (or death) is the object of the exercise, both Alexandre and his doctor become medical authorities because, in a sense, they are both correct. Alexandre does not die of stomach cancer in a way that would show up in an autopsy, but the absence of cancer in the stomach does not preclude the existence of cancer in his body. In this case, therefore, both the clinical and the lay diagnosticians share in the medical success and failure of positing the disease.

When the illness narrative posits illness in the same manner that it diagnoses disease it challenges not only the clinic's hold on medical authority, but also the process by which positing disease in the context of medico-national allegory can inscribe sickness onto the national paradigm. Disease is the condition that is created when medical authorities recognize sickness, but illness can exist without confirmation of its existence. When illness narratives posit the national paradigm, however, they both recognize the nation as it is and shape the national paradigm. If the illness narratives posit the nation as

sick, as Moss, Arguin, Pelletier, and others insist they do, these narratives (at least in theory) confirm the nation's poor health in an authoritative and legitimate manner. Alexandre Chenevert nonetheless subverts the legitimacy of its national diagnosis by denying its claim to being a valid (which is to say authoritative) assessment of the national paradigm's health. It posits the nation as ill but not as diseased, leaving readers to wonder which "diagnosis," if any, actually renders the nation sick.

While the nature of Alexandre's ailment leaves the national paradigm's alleged sickness wavering between an unconventional lay diagnosis and an exemplary clinical one, the biological realities of Alexandre's cancer unambiguously impose themselves on the illness narrative. The fact that readers can ultimately point to one diagnosis as the objective standard against which all other diagnoses may be judged accurate or inaccurate distinguishes the medical act of positing disease from the process of positing the nation. When the definitive diagnosis finally emerges, it does so as the result of an utterly conventional diagnostic exchange, which produces a correct identification of Alexandre's pathology. Armed with all the clinical tools, which is to say examination, the broadly defined gaze (which includes instruments to enhance sight, touch and sound) and medical language, the doctor is at last able to do what no other diagnostician in the novel succeeds in doing: deducing the precise cause of Alexandre's symptoms: "La main du docteur palpait un durcissement très reconnaissable" (227). ["The doctor's hand was palpating a very noticeable area of hardness" (171).] It is the indissociable acts of palpating the body (even though Roy never indicates which part of the body the doctor is feeling) and discerning the normal from the abnormal, all the while connecting the abnormal with

specific states of pathology, which allows the doctor to recognize the tumor and diagnose the cancer.

Although Dr. Hudon's second diagnosis is clinically normative and medically authoritative, it comes too late to be of any curative value. In the practical terms of life and death, the physician's authority is again put into question. His final diagnosis, even though correct, fails to occasion successful treatment. This diagnosis consequently falls short of supplying the undeniable "proof" of medical authority that cure and improving health provides.⁴⁸ The pretension to medical authority and the regular functioning of the clinic is thus once again undermined because none of the medical authorities in the text (the patient, the third-party observers, or the physician) are able to cure, and thus provide the evidence needed to solidify their claim to power. What may have been successful treatment for prostate cancer had it been diagnosed in time therefore proves ineffective because of the initial missed diagnosis.

In the national context, however, there are no objectively "true" national paradigms. The communal aspect of the national paradigm, which issues from the people as a whole, and exemplary articulations of this same paradigm by national authorities always exists in tension with one another. Simply, there is no definitive articulation of the national paradigm, particularly in Québec, that can so easily or definitively prevail upon another as an absolute assessment of what ails the nation, let alone what the nation

⁴⁸ Medical "proof" was rather important to Alexandre, who appeared to be swayed by the notion that proof of cure bestowed medical credibility. Despite his miserly ways, he frequently purchased patent medicines from all manner of charlatans to relieve him of his many indispositions. The effectiveness of advertising for these products, as Adelaide Hechtlinger notes, often relied on "extravagant claims and testimonials" to provide proof of cure (224). Larger advertisements would often publish not just one, but a handful of testimonials citing the near miraculous curative effects of various pills, powders, tonics, and emulsions. While the great era of patent medicines had passed by about 1900, even some of today's over the counter remedies advertise using the testimonial model.

is.⁴⁹ Alexandre Chenevert therefore draws attention to one of the fundamental difficulties of reading the illness narrative as medico-national allegory; the relatively scientific nature of disease, while reinforced by social significance, is at odds with the utter subjectivity of national paradigms. It is therefore the purported objectivity and simplicity of the medical context, the same one that is supposed to lend rhetorical clarity to the national paradigm, which limits the potential for reading illness narratives as national allegories.

By 1954 when Alexandre Chenevert was published, the gap between Québec's exemplary and communal articulations of the national paradigm was growing rapidly. Contrary to the image put forth by many of its national authorities, Québec was no longer a totally French-speaking, devoutly Catholic, and rural society. Even the policies designed to reinforce this vision were failing to convince the people of Québec of the reality of their exemplary identity. The overrepresentation of rural populations in the provincial legislature elicited accusations of gerrymandering, if only by neglect, for clinging to old riding boundaries after the urban exodus in the early twentieth century. The Catholic Church, contends historian Michael Gauvreau, spawned Catholic Action Movements. These movements articulated a powerful critique of the Church hierarchy—a critique frequently verging on anticlericalism—by insisting that Church structures be responsive to the needs of laypeople. Everyday people, particularly in the cities, could look around them and notice fewer people in church pews, smaller families, a greater

⁴⁹ When one takes history and changing definitions of disease into account, even medicine loses some of its objectivity. Certain conditions were once considered diseases but no longer are (homosexuality for instance), others became diseases over time (Alzheimer's), and still others have evolved through the ages (one may have died of consumption in the nineteenth century, of tuberculosis in the twentieth).

variety of languages being spoken, and growing dissatisfaction with policies that no longer served the public interest.⁵⁰

The discrepancy between the idealized past and the present Alexandre lives is perhaps the only element of the illness narrative that has garnered any critical attention as explanation for Alexandre's illnesses. Ben-Zion Shek notes Alexandre's difficult and anxiety-producing process of selectively accepting and rejecting aspects of a national paradigm in flux. He signals, for instance, Alexandre's practically unconscious embrace of "traditional nationalist anti-Semitism and anti-communism" but also his very deliberate expressions of solidarity with the Jewish Hungarian drape-maker he moonlights for and his ability to sort through anti-soviet Cold War propaganda" (Realism 188). Likewise, Alexandre's fascination with the rural setting of Lac Vert is short lived. "The idealized countryside of nationalist ideology...is too isolated, too ignorant, too uncultured, too self-satisfied for Chenevert" (Realism 189). Novella Novelli elaborates on Shek's observations by calling the teller's illness (although not specifically his cancer) "la manifestation de son incapacité de s'ajuster à la réalité" (111) [his inability to adjust to reality, made manifest]. In essence, Shek and Novelli contend that Alexandre is a man caught between worlds, a man who manifests physical symptoms because of this awkward existential position.⁵¹ The competing medical authorities who seek to diagnose

⁵⁰ A demographic analysis of vital statistics in Québec reveals that the birth rate in the province had slowed considerably in the 1930s and that even the post-war baby boom, did not bring Québec's birth rate back to its pre-depression level. See Rene Durocher, Paul Lindeau, Francois Ricard, and Jean-Claude Robert, Quebec Since 1930.

⁵¹ Both of these explanations refer to the general malaise of the first illness rather than the more identifiable condition anchoring the second. Marie-Pierre Andron addresses the issue of prostate cancer specifically, but more as a flip side to Mme Chenevert's frustrated sexuality than as an explanation of Alexandre's illness narrative:

Sa chair fut son malheur et celui de sa femme, contrainte à ses desirs. La dimension empathique, parfois christique du personnage, permet de penser que ce personnage ne peut mourir que par là où il a "péché". (189)

Alexandre are therefore reflected in the inner divisions within the patient himself, who is neither traditional nor modern, and sick because of it.

Even when the tension between rival medical authorities can be read as national allegories with explicitly political dimensions, the irresolvable tension of nationhood and national authority in Québec remains. Alexandre's considerations of federalist and nationalist national policies and the visions of the national paradigm that each embodies, expose the inherently subjective and variable nature of the national paradigm in the medico-national allegory. When a curmudgeonly Alexandre continually muses and complains about the policies of both the federal and provincial governments, he does so in a way that privileges neither of the two governments, nor the opposing national paradigms and vocally differing national authorities associated with the federal and provincial governments of the day. Although he never explicitly distinguishes one level of government's policies from the other's, knowledge of Québec's political history and the distribution of powers under the Canadian constitution allows readers to understand that Alexandre's ire applies equally to both governments. For instance, the bank teller grumbles that he pays taxes and receives no benefit from them and that he has paid into the pension plan but will not live long enough to draw on it following a lifetime of contributions. On the one hand, his complaints about taxation were undoubtedly directed at the federal government, for the Duplessis-led Union Nationale government of the time prided itself on keeping taxes low compared to Ottawa. The federal government also

[His flesh was his misfortune and his wife's as well, bound by his desires. The character's empathetic, at times Christ-like, dimension allows one to think that this character must die by the means in which he "sinned."]

Although Andron breaks with the critical tradition, she nonetheless reaches beyond plausibility when she explains the main element of the plot as retribution for a secondary character's sufferings at the hands of man who was neither sadistic nor cruel, but merely frustrated himself.

controlled the pension plan at the time of the novel's publication, for it would not be until 1964 that Jean Lesage would withdraw Québec from the federal pension plan and opt for a more comprehensive, provincially administered system. On the other hand, however, some of Alexandre's ire seems—albeit indirectly—pointed at Québec's provincial government. Specifically, the sickly Alexandre seems to resent Premier Maurice Duplessis's refusal to adopt a provincial plan for universal health and hospitalization insurance. Even though successful programs were in operation throughout much of Canada by the mid-1950s, Duplessis's government refused to enroll Québec in such a plan because signing on to the Hospital Insurance and Diagnostic Services Act carried a mandate of federal oversight over an area of provincial jurisdiction in exchange for 50% of the cost of universal hospitalization insurance. For Alexandre, who constantly worried about the expense of medical treatment for both himself and his wife, the provincial government's continued refusal to subsidize health care for reasons of nationalism and political autonomy would undoubtedly have been unacceptable.

Alexandre's equal-opportunity political dissatisfaction points to two competing national paradigms, represented by two governments locked in a power struggle. Just like the more abstract communal and exemplary aspects of the national paradigm, neither emerges as a definitive "right" or "wrong" articulation of nationhood, for Québec still struggles to define itself as a nation. The various national paradigms at work in Québec, like those alluded to in the novel, are therefore vying for social legitimacy. The disease paradigms, the diagnoses, articulated by the lay-diagnosticians and Dr. Hudon, however, can be held up to an objective standard to determine their legitimacy. This incompatibility between the medical and national narratives consequently problematizes

the medico-national allegory precisely because medicine (while not entirely objective) is more objective than national paradigms.

As an illness narrative centered largely on diagnosis, Alexandre Chenevert appears to privilege the diagnostic act as the means by which medical authorities consolidate their power. What might be called a misappropriation of this authority by those outside the medical profession and the erroneous outcomes that ostensibly authoritative diagnoses yield nevertheless unsettle the primacy of diagnosis as the process by which physicians establish and exercise their medical authority. Positing disease in Roy's novel consequently becomes a process that denies not only recognized medical authorities, but also undermines the means by which these authorities are invested with power. Positing the nation via a medical narrative that is so profoundly abnormal doubles the ill-functioning of Alexandre's body in the disfunctionality of the diagnostic process. Roy's texts thus confound attempts to read the bank teller and his cancer as emblematic of a sick national paradigm. Instead, the novel directs the reader's examination onto the diagnostic narrative itself, thereby making the diagnostic process and not sickness the relevant locus of national allegory.

Refusing to Diagnose and Denying Allegory

If Roy's novels privilege diagnosis, they do so from the patient's point of view. They draw attention to the frustrations and challenges of institutional medicine and question how a system that marginalizes laypeople can posit a national paradigm that is, by its very nature, subjective and participatory. André Langevin's Poussière sur la ville (1953) breaks with this tradition and offers a rare glimpse into the diagnostic process

from the physician's perspective. Langevin's first-person narrative is that of Dr. Alain Dubois, an outsider turned source of controversy in the small town of Macklin, Québec. This sleepy mining town, blanketed by asbestos dust, draws obvious parallels to the actual towns of Asbestos and Thetford Mines, the locations of one of Canada's most contentious and politically charged strikes. Thus unlike earlier illness narratives, in which the national context is a function of realism more generally, Langevin's text is a kind of roman à clef for the events and debates generated by the labor disputes of 1949.⁵²

While the obvious resemblance of Macklin to the mining towns of the Eastern Townships makes for a ready-made allegory, one cannot assimilate Poussière sur la ville so easily to the crisis of national authority precipitated by the protracted labor dispute. Rather than fitting itself quite neatly into the mold of Asbestos, its spirit of protest, and its subsequent recasting as one of the first events leading to the Quiet Revolution, Langevin's novel uses its physician protagonist and narrator to question the conflicts of authority taking place at this turning point in Québec's history. When Dr. Dubois rejects medical authority by refusing to diagnose his patients, he undermines both the clinical diagnostic exercise and the allegory being posited by the illness narrative. The doctor's unwillingness to assume the diagnostic function prevents disease from appearing in the text and it consequently absolves him of his medically curative role because a doctor cannot rationally be expected to cure what he cannot diagnose. Insofar as Langevin's protagonist does not posit disease, the text also fails to posit the national paradigm as sick via medico-national allegory. Furthermore, when Dr. Dubois eschews his role as instigator of clinical cure he also dodges the notion of social cure or change that critics

⁵² The key issues for the striking workers were better pay and, significantly for a novel that forefronts medical interactions, health insurance.

like Christine Tellier and David Palmieri have attributed both to him specifically and to doctors in general at this time in Québec's literary history. The physician's actions (or lack thereof) consequently leave the medico-national allegory not only discordant with the historical narrative and the allusions to Asbestos, but also incomplete.

Unlike the nameless doctor in Bonheur d'occasion and Dr. Hudon, the physician rendered somewhat ineffective by circumstance, Dr. Alain Dubois's medical authority is never taken for granted by those around him. Langevin's physician, moreover, does little to secure the townspeople's respect for him. From the outset his relationship to his profession and his professional life in Macklin is fraught. As the new doctor in town, he must establish a practice so that he may one day take over for the town's retiring physician. The young clinician's anxiety about his role in Macklin and his status as a new doctor show through during his first consultations when he acts both unconventionally and unprofessionally. Called upon to diagnose and treat an eye disorder and an advanced cardiac condition, he shies away from his professional role by refusing to diagnose his patients. It is not that he cannot diagnose them or that he misses the symptoms that are critical to the diagnosis, but rather that he simply declines to do so. This rejection of his professional responsibility prevents Dr. Dubois from claiming the medical authority that is rightfully his and, moreover, expected of him.

Dr. Dubois's inability to diagnose, unlike the diagnosticians from Alexandre Chenevert, is not rooted in professional incompetence or unfamiliarity with the clinical code. Indeed, despite his recent induction into the profession, the doctor appears to have no problem mastering either the language of the clinic or the subtleties of the medical

gaze. When examining a patient he silently remarks, with a combination of sarcasm and relief, that he is not dealing with a gastro-intestinal complaint:

Je n'aurai pas besoin de lui faire préciser pendant trente minutes les symptômes subjectifs comme lorsqu'il s'agit d'un mal d'estomac, l'estomac s'étendant pour eux depuis le coeur jusqu'aux fesses. (53)

[I did not have to make her state her symptoms more precisely as I usually had to do when they complained of “stomach trouble”—the stomach stretching for them from the neck to the buttocks. (51)]

The doctor's acerbic comment points to his dissatisfaction with the imprecise manner in which his patients reference their own bodies and symptoms. Although this quip is little more than a silent gripe about a minor professional annoyance, it nevertheless indicates that the doctor acknowledges the useful specificity of the medical code that he (in contrast to his patients) has mastered.

Despite Dr. Dubois's tendency to favor the medical code (and his unreasonable desire for his patients to use precise anatomical vocabulary), he avoids this authority-producing code in his interactions with patients. This is not to say that he simply explains diseases and complex medical treatment plans in plain language (something many wish their doctors would do), but that he dissimulates the true nature of the relatively intelligible problems he identifies simply by not communicating the diagnoses to his patients. Instead he downplays the significance of the conditions he identifies. He does this in part by reverting to the more conventionally normative codes of everyday speech, which lessen the perceived severity of the condition. (The flu sounds like a routine illness; influenza, however, triggers associations of pandemic disease.) Dr. Dubois rationalizes concealing the true nature of his patients's conditions from them and obscuring medical fact out of concern for his professional reputation.

The doctor's trepidation about formal diagnosis is inextricably bound up with his uneasy relationship to medical authority. By not using the language of the clinic, he frees himself of any responsibility that may come from using the authoritative codes, which resonate not only a severity, but also a certainty when talking about the body. Consequently, as he checks the eyes of an influential local businessman, Prévost, who he presumes has only come to see him to test his acumen as a physician, Dr. Dubois narrates:

Je l'examine avec la petite lampe que j'emploie pour les oreilles. Je crois voir une opacité de la cornée. Cataracte sans doute. Je ne ferai certainement pas le diagnostique. Je lui dis: Inflammation du fond de l'oeil, je crois. (52)

[I examined him with the small lamp I used for ears, and saw at once a thickening on the cornea. Without a doubt a cataract. But I did not want to be the one to make the diagnosis. "I think it's an inflammation at the base of the cornea," I said. (49)]

The "sans doute" of the doctor's internal monologue reveals that he is certain that his actual diagnosis of cataracts is correct. He nevertheless disguises his findings and couches his inaccurate yet official diagnosis (for it is this diagnosis upon which he bases his recommendation for treatment) of inflammation in a subjective statement of belief distinct from fact. Fearing that a misdiagnosis that sounds too official could commit him to an error, but that a guess and a referral for a specialist allows him a comfortable margin fallibility, he opts for simpler language. He offers the more benign sounding and less medically precise diagnosis of inflammation even though he knows it to be incorrect. To defer to the undifferentiated language of his patients, according to the doctor's logic, is to avoid the responsibility of assuming the medical authority that is created by diagnosing using the gaze and medical language. To think like a doctor yet to speak like

everybody else allows him to sidestep the expectations (and potential liabilities) that accompany his professional privilege.

In another instance, Dr. Dubois hesitates to press clinical language into service because he believes it to be a liability for his patient. Whereas Prévost's diagnosis was merely toned down to protect the physician, the doctor hides a serious cardiac problem—a combination of dilatation and angina—from a patient for fear that the stress of the alarming diagnosis might worsen her condition. In making her worry about her declining health, Dr. Dubois frets that he will heap further stress upon a heart that can scarcely keep up as is. As he concludes his consultation, one already marked by his lack of professional decorum for absent-mindedly leaving his half-naked patient exposed to a waiting room full of people, he refuses to diagnose. He also downplays the normal syntax of the medical conversation that helps patients to understand the nature of their conditions. Rather than disclosing his diagnosis, explaining it, and prescribing a course of treatment, Dr. Dubois performs the process in reverse. Moreover, he nearly stops short of completing what should have been one of the first steps in the process of treatment, informing the patient of her condition: “Il vous faut vous reposer beaucoup plus longtemps. Vous souffrez d’une maladie très grave” (55). [“You’ve got to rest a lot longer than that. You are seriously ill” (53).] Noticing that his orders and explanation, offered in lieu of a diagnosis, have little effect on his silently protesting patient, the doctor reasons to himself: “Je ne peux lui parler de son coeur sans accroître son anxiété” (55). [“I couldn’t tell her about her condition without aggravating her worry” (53).] Desperately, as though recognizing that only a diagnosis that at the very least sounds medically authoritative will convince his patient to slow down, he offers, “ C’est de la

fatigue, l'usure. Une mauvaise circulation du sang" (56). ["It's fatigue, wear and tear; bad circulation of the blood" (53).] As his pseudo-diagnoses progress in what he perceives to be severity, they also sound more clinical, ending with biological processes (circulation) and components (blood). Admittedly, neither blood nor its circulation are obscure medical jargon, but they are closer to the scientific register than fatigue.⁵³ Dr. Dubois falsely believes that the vaguely more medical nature of his subsequent explanations, while stopping short of truly being diagnoses, are sufficiently authoritative to convince his patient to adhere to the regimen of rest he nevertheless prescribes.⁵⁴

Dr. Dubois's motivations for not disclosing his real diagnoses to either of his patients has little, if anything, to do with defying professional behaviors as a matter of principle. He has no discernable axe to grind with the medical profession. His actions are, on the contrary, a reflection of his concern for how his patients will view him as a physician and, particularly, as the new doctor in town. In the first consultation, he is preoccupied with not appearing incompetent, and the patient is more interested in sounding out the young physician's ability to replace the town's retiring elder statesman of medicine. In the second, the patient is concerned about her health but only insofar as the diagnosis would facilitate an easy cure that would allow her to continue her work with greater ease, not quit it altogether. The new doctor on the other hand is still uneasy about his reputation, as evidenced by the narrative that intertwines his professional fate with that of his patients.

⁵³ The English translation of "wear and tear," which might be more appropriate to a mechanic's speech than a physician's, accentuates the non-medical tone that the doctor adopts.

⁵⁴ For more on the debates about the impact of using medical language versus plain speech in communicating a diagnosis to patients, see Suzanne Fleischman, "I am..., I have..., I suffer from...: A Linguist Reflects on the Language of Illness and Disease.

In both cases, Dr. Dubois has the opportunity to diagnose but ultimately fails to exercise his medical authority when he chooses not to posit his patients's diseases. Given that Québec's literary critics have staked so much on the diagnoses in illness narratives, the national paradigm has come to depend on recognizing the patient's body as the locus for national meaning. Poussière sur la ville and its physician-narrator nevertheless seek to circumscribe the medico-national allegory's power to signify. The all-important diagnosis is withheld and with it the analogous pronouncement of the national paradigm's ill health.

As mentioned above, the national allegory in Poussière sur la ville, rests upon more than just the parallel processes of positing the disease and the national paradigm as recognizable entities. Macklin's resemblance to the towns that played host to the acrimonious strike evokes post-war Québec's first violent reaction against the province's conservative political leadership. The strike was decisive on the national scale in many ways. First, it exposed cracks in the traditional alliance of the Catholic Church and conservative, nationalist politicians in Duplessis's ruling Union Nationale party. The Church, in the form of Catholic labor unions and many individual clerics (particularly at the parish-level, but also in the upper echelons of Church hierarchy, including the Archbishop of Montreal, Msgr. Joseph Charbonneau and Bishop Philippe Desranleau of Sherbrooke), backed the striking workers against the Anglo-American mining companies, which had the support of Duplessis's government. In May of 1949, police hurled tear gas at women who were marching and reciting the rosary in support of striking workers. Following orders, they also attacked union members in a church; both of these actions underscore the symbolic rift between the Church and its traditional government allies.

Second, the strike reenergized the province's liberal political and social scenes. Young activists, such as Pierre Trudeau and Gérard Pelletier, sided with the workers and lent them a forceful and articulate voice for change. In the direct aftermath of the Asbestos strike, Trudeau and Pelletier (along with others) would go on to found the liberal political journal Cité Libre to continue to advocate for reforms initially brought to light at this time. Prominent Catholic intellectuals, like André Laurendeau, the editor at the traditional Catholic and nationalist daily Le Devoir, and the Jesuit journal Relations also abandoned their support for Duplessis, the Union Nationale, and the socio-political climate they cultivated. Third, the relationship between Québec's people and its traditional national leaders—its national authorities—was put into question. People began to ask themselves why an ostensibly nationalist government would back Anglo-American mining companies over its own citizens. As people scrutinized politicians and clergy in the light of the conflict, the relationship between the population at large and those they held up as national authorities began to change.

Seizing upon the similarities between Macklin and Asbestos and Thetford Mines, critics have proposed several direct allegorical readings of Langevin's novel. Christine Tellier, for one, argues that Dr. Dubois is a figure of protest and contestation modeled on figures of this ilk from the strike, namely those who would go on to be Citélibristes. The doctor, in her view, "souhaite changer en profondeur la société conservatrice de Macklin" (574) [wishes to profoundly change Macklin's conservative society]. In so doing, he becomes a model of liberalism, spurred to his position by the events of 1949 and the mirror conditions of its fictional double, Macklin. Tellier cites, as examples of this reforming spirit, the doctor's public quarrel with the town's priest and his transgressive

act of defying social hierarchies by drinking at the hotel with members of the working class. More recently, David Palmieri has suggested that Dr. Dubois and his row with the cleric are emblematic of shifting religious attitudes, namely “society's movement from rigid traditionalism to symbolic pluralism” (8). Suffice it to say that critics have generally been eager to liken Dr. Dubois to the social and political reformers who emerged onto the national stage at Asbestos. His conflicts with the town's priest are taken to signify the reformer's desire for a more secular society, and his uneasy relationship with Macklin's political and economic elites are thought to be emblematic of the increasingly troubled political climate in Québec. In short, the young, unorthodox doctor becomes for many a socially curative force for Macklin.

Likening Dr. Dubois to the Asbestos-era reformers nevertheless proves problematic. The first difficulty stems from the fact that as a doctor, Poussière's protagonist is neither part of nor a spokesman for a movement of mass protest. This is not to say that the reformers themselves were members of the proletariat digging in the asbestos mines. (Trudeau, after all, was a lawyer educated at some of the finest schools on the planet and then went on to be Prime Minister.) Nevertheless the movement they inaugurated was one born of mass protest against reactionary clerical conservatism and big business, and its tangible effects, such as anti-unionism, on the lives of the people. In the context of mid-century medical narratives, however, doctors are held up as part of an educated group that enjoys substantial social and professional privilege, which stems from being part of a community's social and political elite.⁵⁵ Even Dr. Dubois, a young, not-yet-established doctor coming from the city, was accorded a certain amount of social recognition and credit by simple virtue of his profession:

⁵⁵ For more on the social standing of doctors in Québec, see Chapter 3.

Jim exprime inconsciemment, comme eux tous, son respect du médecin, de l'homme qui un jour se penchera sur eux en même temps que le prêtre pour un dernier contact humain. (46)

[Jim was expressing unconsciously like all of them, his respect for doctors, for the man who one day would bend over his bedside with the priest, for his final human contacts. (42)]

By likening the physician to the priest, the taxi driver signals his reflexive reverence for the traditional elites of Québécois society: clerics, doctors, and lawyers. Those who exercised these professions often occupied positions of political influence, whether official or unofficial, that earned them a certain measure of respect. Unlike other doctors, however, Dr. Dubois uses the source of his social authority—his profession—to undermine the socio-political hierarchies in Macklin.

Dr. Dubois's problematic relation to his profession is the second factor that stands in the way of reading him as Québec's social cure. His medical authority and skill gives him the power to act in a curative manner, yet his unconventional actions belie his hesitance to embrace this very authority. This authority, moreover, is always already tenuous because, on the one hand, it taken granted, and on the other, is always subject to erosion. For instance, the doctor presumes that the businessman with cataracts has come to test him and therefore acts very conservatively, at least in a clinical sense. His reluctance to diagnose or to treat suggests that Prévost, another of the town's notables but one who lacks medical training of any kind, is the person who can threaten his medical authority. In the case of the old woman with the heart condition, however, Alain's medical authority is not subject to the same kind of power struggle. Unlike Prévost who is both more established in town and far wealthier than a doctor with a fledgling practice, the woman is quite poor. She is old, uneducated, timid, and refuses to comment on her

medical problems or on her doctor's disgraceful oversight in having left her exposed and shamed. Dr. Dubois is therefore acutely aware that unfavorable outcomes can decimate his reputation in much the same way that cure can reinforce medical authority.

Nevertheless, Dr. Dubois takes a more cautious approach to the normal risks of medicine when he tries to avoid, first, the social, and, second, the medical consequences of treating patients altogether.

As Dr. Dubois nonetheless discovers when confronted with a problematic delivery, the strictly clinical facets of his medical authority function almost independently of his reputation in town. The doctor finds himself drunk one evening, but must nevertheless drive into the countryside to help deliver a baby. Upon entering the family home, the laboring woman's family members appraise the inebriated physician summoned to assist them. Dr. Dubois, taking in their stares, interprets: "Si tout se passe bien, ils admireront qu'en dépit de mon ivresse je m'en sois tiré. Sinon... Tout le canton le saura" (116). ["If all went well, they would admire the fact that in spite of my drunkenness I had brought it off. If not—the whole province would know about it" (120).] In the binary of success or failure, which are not qualified until after the baby is sacrificed to save the mother—a course of action condemned by the Catholic Church—public opinion and not medical outcomes determines the sort of respect due to the physician. Even Dr. Lafleur's admission that there was nothing his junior colleague could have done differently underlines how contingent medical authority is in Macklin:

L'hypothèse de la mort de la mère ne les touche pas. Elles ne retiennent que la mort de l'enfant...

—Avez-vous déjà rencontré un cas semblable?

—Non. Mais à l'âge que j'ai j'aurais pu me charger de la mort de l'enfant. On m'aurait pardonné ou j'aurais pu leur faire comprendre.

Avec vous ils seront sans pitié. Il y a à peine trois mois que vous êtes établi à Macklin et vous venez de la grande ville. (125)

[The possibility that the mother might have died doesn't matter to them.

They only feel the reality of the child's death...

Have you ever run into a case like that before?

No. But at my age I could have taken the responsibility for the baby's death. They would have forgiven me, or I might have made them understand. With you they'll be pitiless. You've hardly been in Macklin for three months and you come from the big city. (128)]

Dr. Dubois's status as a newcomer, coupled with his Montreal origins and his youth, become the factors that mitigate his medical authority. The only other medical professional in town, Dr. Lafleur, is the one, moreover, who reports on the unconventional trio of factors that constitute medical authority in Macklin. In this unexpected combination of speaker and message, the physician defines medical authority according to the community's rather than professional standards. It is thus that a new conception of medical authority comes to the fore. In the face of Dr. Lafleur's articulation of the town's unspoken sentiments, this authority no longer issues from the clinic and its superior knowledge of and ability to control bodily practices.

Because Dr. Lafleur is not subject to the same non-medical critiques as his younger, uninitiated counterpart, it would seem that his reputation allows him to diagnose problems that Dr. Dubois cannot afford to reveal to his patients. In carrying out what are (at least in Macklin) potentially controversial clinical acts, Dr. Lafleur maintains the ability to define medical authority within the clinic. Nevertheless by switching to a consideration of hypothetical situations, denoted by the conditional, it is clear that even the town's established physician believes himself to be at the mercy of the community's judgments. The "on" and the "leur" in the second sentence of Lafleur's reply further

intimate that those who must be convinced of the medical necessity of any given procedure or the inevitability of an outcome, those who are the nonetheless the arbiters of medical authority in Macklin, are not those who are medically knowledgeable. The community's role in assigning or vacating medical authority, based largely on age and origin, therefore challenges Foucault's basic contention that medical authority comes from the knowledge used, among other things, to diagnose and treat.

The town's ability to confer medical authority on a physician in spite of unfavorable outcomes or, alternately, to impugn it without just medical cause is nonetheless a reaction to Dr. Dubois's perceived failures in the execution of his medical role. As Dr. Lafleur rationalizes to his younger colleague, he could have explained the situation in a way that convinced the community that the unfortunate outcome was a medical inevitability and not the result of a physician's hasty and/or immoral decision. This assertion therefore suggests that the older doctor's medical knowledge (and likely a fair amount of convincing rhetoric and years of built up trust) could have saved his reputation. Dr. Dubois's actions (and not his age, origin, or standing in the community), however, are only excuses that explain why he lacks the community's respect. He readily confesses via his narration that he has acted in a manner that whittles at away his medical and social authority in the townsfolk's eyes. His unsuccessful attempts to deliver a baby while drunk and his refusal to diagnose patients who come to him for help are but the two most obvious examples. Furthermore, he hides pertinent medical information from his patients, which turns out to be a fatal error in professional judgment. While there is a certain sense of inevitability to the outcomes, a view confirmed by Dr. Lafleur, Dr. Dubois's admission that he is acting in a manner uncharacteristic of physicians adds a

measure of personal agency or responsibility to what might otherwise be natural, albeit unfortunate, occurrences.

Dr. Dubois's anxiety over what he initially perceived to be a "benevolently" false diagnosis given to the old woman with the critical heart condition attests to the physician's difficulty in being able to do anything but erode his own authority and curative function during diagnosis. In seeking to encourage cure, or at least a palliative strategy, he conceals his patient's condition from her. All the same, his failure to disclose the truth of the woman's disease, which may have impressed the seriousness of the condition upon her, proved just as, if not more dangerous, than revealing the alarming diagnosis. Ignoring his counsel, the old woman returns to her arduous work of scrubbing and cleaning, only to come back home short of breath and with pains in her arm. Called to her side too late to be of any assistance, the doctor ponders, "Je me demande quelle force poussait la morte à gagner encore sa vie, avec l'insoutenable anxiété des cardiaques" (77). ["And I wondered what it was that had compelled the dead woman to go on earning her living, with the unbearable frenzy of cardiacs" (76).] Despite his frustration at losing a patient the very same day he saw and "diagnosed" her, the doctor's assignment of blame is ironic. He asks himself what could have driven a woman with a heart condition to work so hard. Yet he seems to have forgotten that because of his supposedly health-sustaining lie about her condition, she could not know the risks awaiting her and that she ought to act as a cardiac patient should. It is thus the doctor's own acts, or rather words, which sabotage his authority while failing to cure.

The old woman's heart condition consequently becomes an exemplary case for reading a diagnostic narrative that wears away authority from within. The first-person

narrative also illustrates how the disclosure of clinical facts via narrated medical language contrasts with the concomitant dissimulation of these same facts, which is to say the avoidance of clinical speech in either direct or indirect discourse. When the doctor's privileged perspective is combined with the life and death consequences of his "diagnosis," readers are afforded a privileged view of the medical narrative's deliberate construction and deconstruction of the physician's curative role in the community.

Langevin's physician-narrated stories of diagnosis, issue from a voice of presumed medical authority yet they weaken rather than solidify this authority. Dr. Dubois's diagnoses inscribe a great deal of self-doubt into the act by which medical authority is both exercised and established. He refuses to speak the authority-producing language of the clinic, but also recognizes that his authority counts for little, particularly in comparison to the social and economic dictates facing patients or their solidarity as a community. The old woman with the heart condition, he reasons, had come to him for a quick fix for her fatigue and shortness of breath. When he does not prescribe medication, the anticipated magic bullet that would allow her to continue to work, he understands that his medical authority counts for little:

En sortant de mon bureau elle conclura peut-être à mon incompétence et retournera certainement travailler. Quelqu'un a dû retenir ses services cet après-midi. Elle sait bien que, si elle annonce qu'elle ne peut accepter parce qu'elle est malade, c'en sera fini de son métier. (56)

[When she left my office, probably she would conclude that I was incompetent. She would certainly return to work. That very afternoon someone was expecting her, and she knew very well that if she said she couldn't come because she was ill, her working days would be over. (53)]

Mere seconds after Dr. Dubois orders a heart-healthy regimen for his patient, he recognizes that his professional judgment and advice are likely to be ignored. What the

doctor posits in this diagnostic exchange therefore is not a disease, or even an illness, but a questioning of his ability to exercise his profession.

Dr. Dubois's contestation of the established order in Macklin, at least as far as medicine is concerned, is hardly the act of a reforming crusader. It is, quite the contrary, a series of errors in judgment that show him crumbling under (his perception of) the weight of the conservative town's expectations of their physicians. The doctor's narration of his "diagnoses," and particularly the differences between thought and action that it reveals, indicates how his desire to align with the town's expectations pushes him to violate the norms of professional behavior. The tragedies that result from his self-acknowledged unconventional practices come to be seen, either by the town or the reader, as diminishing his esteem and authority within Macklin. The first-person narration and the medically knowledgeable insight into the doctor's actions consequently serve as a lens that casts Dr. Dubois as a victim of his own authority, or rather the public perception of an authority of which he seems apprehensive.

The move from diagnosis as a process marked by medical authority and the expression of biological certainty to a political game of dodging this very power becomes a new point of departure for allegorical readings. Rather than accepting his own authority to posit disease, Dr. Dubois shirks it and in so doing reveals that, while it is those without such authority that dictate how it is bestowed, only he can give them something by which to judge him. Transposed to a national scale, Dr. Dubois is the figure of the elite who must, quite unlike Québec under Maurice Duplessis, answer, and even acquiesce, to the dictates of the masses. Contrary to "le Chef" who was able to rule for almost three decades through an alliance of clerical support, political maneuvering,

and Anglo-American investment, the physician's credibility and continued livelihood as a doctor comes from the residents of Macklin, only a few of them notables like Prévost.

This is not to say, however, that Dr. Dubois is the reformer Tellier and Palmieri make him out to be. He does not oppose the systems of medical power, traditional elites, and authority in Macklin and mid-century Québec as though he were the self-declared champion of patients and society's disadvantaged. The young doctor is, after all, a member of the town's bourgeoisie who cannot (or perhaps will not) comprehend the constraints of working class life, the one who scoffs at his patients's need to work despite his orders. Rather than fitting neatly into either of these categories, the young doctor paints himself as the resilient victim of a system that uneasily straddles elite and populist constructions of authority, which he unwillingly pulls down upon himself without entirely being sure of what his actions and attitudes should be:

Je resterai. Je resterai, contre toute la ville. Je les forcerai à m'aimer. La pitié qui m'a si mal réussi avec Madeleine, je les en inonderai. J'ai un beau métier où la pitié peut sourdre sans cesse sans qu'on l'appelle. Je continue mon combat. (213)

[I would stay. I would stay, in spite of the whole of Macklin. I would force them to like me. The pity which had failed me so badly with Madeleine—I would inundate them with it. I belonged to a fine profession, in which pity could spring up unbidden. I would continue to struggle. (214)]

Dr. Dubois's mix of defiance and pity coalesce in a combative spirit, but unlike the vision of him as a liberal crusader, the embodiment of the intellectual ideals of the Asbestos strike, he is locked in a battle with himself. Medicine, his "beau métier," becomes the paradoxical way for him to attempt an escape from the crisis of medical authority he has created. The doctor's relation to power and his curative role is therefore not one of either

rejection or blind acceptance, but one marked by the kind of doubt and skepticism with which he viewed his patients and they in turn considered him.

What then does this mean for the Asbestos strike and the national paradigm that is alluded to via Macklin's resemblance to this real-life town? If the doctorly narrative and the physician's clinical role in positing disease entities translates to the national stage, Langevin's protagonist becomes the figure who should be able to posit a national paradigm. Dr. Dubois, however, frequently dodges his medical responsibility, leaving the national paradigm indeterminate at what Trudeau called "a turning point in the social history of Quebec" (The Asbestos Strike ix). While the doctor's personal actions may align him with the ideals espoused by Pelletier, Trudeau, and other new political notables from 1949, his professional conduct suggests that he is not a fictional extension of a rising generation of critical commentators, let alone somebody who will throw himself into the fray on behalf of the working class. Only in exercising his professional authority does the doctor turn away from it, suggesting that he is, at least to some degree, part of the complex web of professional and political authority to which he reacts. Moreover, it is not just in responding to this authority but also in actually repudiating it that he becomes an oppositional figure for the Asbestos-based allegory. The real life reformers, while critical of Duplessis's incarnation of political power, ultimately sought the chance to govern in turn. The doctor, however, refuses medical authority at several points in the novel, only to return to it as a way to defy those who caused him to abandon it in the first place. Occupying the uneasy middle ground of self-defeating medical authority consequently reists the type of simple allegorical reading that is suggested by the mere resonance of Macklin and Québec's asbestos mining towns.

Dr. Dubois's muddying the waters of the Asbestos-based allegory notwithstanding, he ultimately succeeds in reading problems with clinical practice in Macklin as problems with medical, and by extension, national authority. In riddling the diagnostic process with self-doubt, the doctor suggests that authorities, both aspiring (for he is the untested authority in town) and established (in that he is a member of an socially powerful, traditional profession) were going through a period of self-examination and reassessment of the processes by which authorities are constituted. In making clear how medical language, outcomes and seemingly unrelated factors such as the physician's age and origin, consolidate or undermine the automatic association of authority with positions of social influence, Dr. Dubois creates possibilities for changing the way both the readers and the townspeople think about authority.

The oblique discourse on authority that the doctor illuminates through his questioning and deconstruction of his own role, while not a direct expression of the various groups who struggled for power in 1949, nevertheless speaks to the social and political climate in Québec at the time. At the moment that historians like Behiels and Létourneau cite as one of the opening events of the "true" Quiet Revolution, which Cucciolletta and Lubin have smartly termed the "Noisy Evolution," the issue of who could be considered the national authority in Québec was more uncertain than it had been in over a century. The alliance of the State and the Catholic Church, normally buttressed by the Church's direct involvement in (and financial underwriting of) secular institutions, began to crack under pressure as the Catholic unions backed workers against the "unholy alliance between the Duplessis government and foreign-controlled big business" (Behiels 121). Anti-clerical liberal intellectuals and reform-minded nationalists stepped in, also

backing workers, a move which made for odd bedfellows as the Church and those who would diminish its influence became allies, if only temporarily. The very fact that Asbestos is held up as a moment of crisis springs from the fact that national authority, traditionally assumed to flow from the indistinguishable sources of government policy, rhetoric, and religious dogma, had to be reconsidered. The elements that contribute to the earlier concept of authority consequently had to be weighed against each other in a conscious way. In reevaluating the national paradigm and the group of those with the power to change it, Langevin uses the illness narrative to challenge not only the ready-made Asbestos allegory, but the society behind it as well.

The diagnostic narratives of the '40s and '50s continually defy easy interpretation and refuse to be read as simple national allegories. They complicate the process by which doctors posit the existence of disease and unsettle the concept of authority as it applies to and springs from clinical practice. Moreover, the unconventional scenes of diagnosis featured in the illness narratives threaten the integrity of the many critical readings that presuppose not only that Québec's national paradigm can be read allegorically via the body, but that because a patient's body is, by definition sick, the national paradigm is also diseased.

Rather than defying the critics's diagnosis of Québec's national paradigm with one easily recognizable symptom, however, the diagnostic narratives continually resist easy categorization. In some narratives, patients are portrayed as being at the mercy of the clinic, its alienating rules, and its unilateral pronouncements. In others, however, patients act as arbiters of not only social, but also medical authority, which causes

physicians to abdicate professional respect and their claims to influence in the community. The same diagnoses, in some cases, carry tremendous social significance and, in others, are effectively devoid of meaning. Some diagnostic exchanges reinforce the hierarchies of the Foucauldian clinic while others so disrupt the classic relation between doctors and patients that the line between physicians and those they treat blurs. By avoiding any formulaic or consistent forms of resistance to the usual diagnostic narrative, Québec's illness narratives reveal themselves to be complicated cases that eclipse allegorical interpretations centered around the presence of sickness.

Québec's atypical diagnostic narratives make the diseases secondary to the process by which they are posited. This shift in priorities in turn undermines the impression that the national allegorical meaning of Québec's illness narratives is the sickness that it projects back upon the national paradigm. Instead, these tales of diagnosis refocus attention on the processes by which diagnosis posits disease as a culturally, scientifically, and allegorically important entity. Reading the illness narrative in way that considers how diseases, like national paradigms, come into being therefore becomes a way to understand Québec as a nation that is neither objectively sick, nor synonymous with a vision of nationhood articulated by national authorities.

Chapter III

Sick Doctors: An Allegory of Illness Or An Allegory of Cure?

When Dr. Alain Dubois, the physician from André Langevin's Poussière sur la ville, is called upon to deliver a hydrocephalic baby while drunk he is again at the mercy of the community's judgments of his medical competence. Unlike the earlier incidences of medically suspect behavior, however, the delivery puts the doctor in a situation where his unprofessional acts can neither be concealed nor controlled. The doctor's medical skill is therefore tested in a very public way and as a result, both the reader and the community of Macklin are led to believe that he is not a competent physician. Hindered by drunkenness, the doctor and his impaired state generate surprisingly little concern for his patient and her watchful family:

Pas un mot n'a encore été dit. Et je m'aperçois soudain qu'ils savent tous que je suis gris. Je dois empester le whisky à dix pas la ronde. Ils me regardent faire d'un oeil calme qui ne juge pas, constate seulement. Ils ne se demandent pas même si je suis en état de pratiquer mon art. (116)

[Not a word had been said yet. And I suddenly realized that they knew I was drunk. I must have stunk of whisky ten feet away. They looked at me with calm eyes that did not judge, but merely sought to ascertain the facts. They did not even ask if I was in a fit state to practice my profession. (119)]

The family's silence and neutrality toward his obvious inebriation run contrary to the precedent by which Dr. Dubois finds his medical credibility second guessed

at every turn in Macklin. This unusual reversal leaves the drunk doctor stunned by the lack of reaction from his patients.

The self-acknowledged drunken doctor's unsuccessful attempts to deliver a deformed and truly unviable baby nevertheless allow him to save the mother. In so doing, Dr. Dubois becomes a bizarre model in Québécois medical narratives.

Incapacitated or "sick" doctors, the term I will use to denote physicians whose own health is in question, are routinely seen as paradoxical heroes in a literary tradition that at once emphasizes sickness and downplays cure. The inebriated physician musters medical skill and knowledge to occasion favorable outcomes despite his own less than healthy condition. A physician like Dr. Dubois is, to say the least, an unlikely medical hero: he reeks of whiskey, he displays the telltale signs of a night of hard drinking, and is so incapacitated by the beginnings of hangover that he resorts to drinking more (a dose of the proverbial hair of the dog) so as to be functional. The notion even appears preposterous to Dr. Dubois, who notes the lack of reaction from his patient's family, and consequently belies his astonishment that nobody would question his sobriety or medical fitness. All the same, Dr. Alain Dubois is the first in a somewhat long line of ill or incapacitated physicians in Québécois medical narratives who unsettle assumptions about both doctors and patients that are rooted in Western medicine as a social institution.

Doctorly Exceptionalism

Starting with Poussière sur la ville in 1953, but truly finding their apogee in the 1960s, sick-doctor narratives draw attention to the curative or doctorly act as a privileged

source of authority for the infirm doctor. They nevertheless portray the act of doctoring as a sort of universal cure for the ill physician. The sudden dearth of these peculiar illness narratives—and their apparition coincident with the Quiet Revolution—suggest that they function as allegories of crisis for traditional figures of national authority in Québec. As the influential and prestigious medical profession is reduced to patient status, the collective ailments of the doctors that epitomize it imply that the privilege of good health is not assured by a socially privileged status. Like the national authority of Duplessis-era political leaders and clerics, sick doctors had to get used to seeing their roles change and their powers curtailed in the wake of the Quiet Revolution.

Yet it is the odd resiliency of sick doctors (as opposed to ailing characters in general) that challenges the imputed national allegory of authorities in crisis. The physician's uncommon ability to regain his health implies a contradiction to the allegory and turns it into a fraught analogy. The doctor's recovery allows him to live to tell the tale of his own sickness and cure, thus transforming the national allegory and the potential false analogy into an allegory of reading. The clinician's falling ill and recovering consequently become preconditions, rather than "events" in the sick-doctor story. The physician's illness is also what allows him to showcase his medical authority and skill as he cures himself, revealing the ultimate dominance, rather than the fragility, of medical authority when faced with disease. If sick doctors are initially taken as literary expressions of crumbling national authority, their predetermined and self-initiated recovery suggests either that national authority is not as tenuous as the dominant history of the Quiet Revolution has made it out to be, or that doctors did not play the national role that allegory would ascribe to them.

The rationale for reading doctors as the allegorical figures of national authority in Québécois medical narratives stems from a generalized understanding of their social role in the province during the mid-twentieth century. The elites in Québec typically rose to prominence through a classical education, which prepared them for a limited number of professions: the law or politics, the priesthood, and medicine. While these few vocations were no longer the only prestigious career options by the mid-twentieth century, they were the most obvious and recognizable means by which one attained a superior social status. Technical or commercial training, while gaining ground throughout the early twentieth century, was limited and came largely only as a result of leaving the province. Consequently, up until the Quiet Revolution, students educated in Québec's universities, a scant 1% of the population even in 1950, had relatively few choices as to what they could study and therefore tended to choose the same limited range of professions, generation after generation (Dion, Les intellectuels 170). The effect of concentrating social (and eventually economic and political) capital in the hands of select groups of educated people made it both possible and common to equate higher education and the resulting social prestige with the national authority long-exercised by Québec's politicians and priests.

Legal training, be it as a lawyer or as a notary, often propelled people toward politics at all levels of government. The de facto link between legal training and politics assured influence, both legitimate and non, to this group of the province's educated elites. They controlled a wealth of patronage dollars and public spending, and were, at least collectively, able to make laws and create policies for Canada's largest body of Francophones. The historic influence of politicians, however, assures their lasting

influence not just on current administration, but also on the way that the nation conceives of itself through its national paradigm. From the time of the Conquest, the province's leaders styled themselves as the guardians of the French language, civil law, and the Catholic faith. In so doing, they fused French Canadian distinctiveness from les Anglais, to this day the hallmark of a nation that conceives of itself as a "distinct society," with political authority. These political leaders thus made government virtually inseparable from what has typically been the loudest and most powerful expression of a French Canadian national paradigm. Being a politician therefore entailed speaking on behalf of French Canadians in Québec as a nation and not just as a political constituency.

Priests, like politicians, frequently surpassed the strict limits of their profession or vocation because of their tremendous social and political sway. In the small villages and towns of rural Québec, as in the growing urban parishes, the members of the clergy were key figures of the community whose influence permeated nearly all aspects of life. Priests had a reputation for electoral meddling, which consisted of endorsing candidates from the pulpit and even implying God's political preference. It has become a favorite anecdote to report that clergymen preached, "Le ciel est bleu, l'enfer est rouge" [Heaven is blue, hell is red] in reference to the colors of the province's two political parties, the governing, clerico-conservative Union Nationale being blue, the more secular, reform-minded Liberals red. Clerical participation in electoral politics reinforced the politician's influence over the national paradigm, for the priests, as representatives of the Faith, lent their support to those who took it upon themselves to defend an iteration of the French Canadian nation that emphasized its ultramontane Catholicism.

This sort of indirect and largely local influence notwithstanding, the Catholic Church also used a tremendous province-wide workforce, in the form of a virtual army of nuns and monks, to provide many of the essential social services for Québec's largely Francophone population.⁵⁶ The government, the Church managed and staffed schools, orphanages, asylums, and hospitals and assumed both the bulk of the cost and the administrative responsibility for these institutions. Taking on these responsibilities in addition to their habitual campaigning for the Union Nationale, further secured the place of the priests and other members of the clergy among Québec's influential governing class. Maurice Duplessis had "declared Québec a Catholic province and actively promoted the Church's welfare" (Seljak 109). He championed the idea that the Church and the government were mutually reinforcing extensions of each other and governed accordingly. The government indeed had little choice but to recognize the debt owed to the Church and responded by granting it much leeway to administer and dictate curriculum and policy as it saw fit. The clergy used the state's delegation of social services to them to continue to provide unfettered and nearly total access to a population that depended on these essential services. Recognizing the population's reliance on these largely charitable institutions, the Church had a captive audience for its message about its own centrality to the nation. The people therefore came to accept, if not agree, with the priests and nuns. The clergy thus created for themselves a means of propagating a self-serving brand of nationalism that put Catholicism at the heart of the French Canadian identity, and by extension, of Québec's national paradigm.

⁵⁶ Religious vocations were the most direct way for women to accede to positions of social authority. As nuns they could become teachers, nurses, school principals, and directors of other institutions under church control.

Both the priests and politicians, as suggested by the history of the pre-Quiet Revolution period dubbed the grande noirceur, helped to prop each other up as local elites and national authorities. These two groups banded together under the banner of “traditional religious nationalism, which united a conservative, clerical version of Catholicism and French Canadian ethnic identity” (Seljak 109). It is in this manner that social prominence in the community, whether via direct influence or mere assumptions about education and social standing, was parlayed by politicians and priests into national authority.

If two of Québec’s prominent groups used each other to strengthen their own influence and authority over the population and the national paradigm, doctors—the final group among the traditional class of professionals—were still relatively confined to the margins of the national stage.⁵⁷ They were, notes Pierre Trudeau, nevertheless perceived as filling just “as vital a social role” (Federalism 11) as the other professions within the traditional organization of society. The doctor was a notable member of almost all of the province’s communities, no matter how large or small. He was educated, generally occupied a superior economic rank, and personally (and often single-handedly) provided an essential service for the population. This notable social position is faithfully reflected in the province’s literature, particularly in rural or small town settings, where with the exception of the priest, the caretaker’s of the population’s spiritual rather than physical health, other social elites were scarce. The doctor’s prestige and authority is even said to have increased in the interval between the Second World War and the Quiet Revolution thanks to medical advances. Charles, Guérard, and Rousseau cite the discovery of

⁵⁷ By the mid-Twentieth Century, an increasing number of physicians were abandoning clinical practice to venture into politics. My thanks to Michael Gauvreau for sharing this observation.

antibiotics and wide scale vaccination campaigns during this period as boons to the physician's social status. The results of these high profile medical innovations—reduced mortality and dramatic improvements in public health—elevated physicians to the rank of guardians of a population that still clung to its long-inculcated survivance mentality. Doctors, while on the periphery of the alliance of politicians and priests that turned la survivance into a state ideology, nevertheless participated in the mission of bolstering the French-Catholic population. They did so, however, through the very concrete and empirical means of keeping Québec's Francophone population alive and healthy.

Medical participation in the dominant national project and the similar social standing of doctors to politicians and priests likens physicians to the more traditional national authorities. The physician's education and his pre-eminent social function granted him a certain authority that, while most overtly medical in origin, can be taken as a symbol of national authority. In the same way that politicians and priests's authority is always in a sense one step removed from true national authority, the doctor too has an effect on Québec's national paradigm, albeit even less directly. It is thus that the physician's ill health in sick doctor narratives may be construed as a challenge to the traditional authority that doctors (together with the priests and politicians in Québec) epitomize. Doctors, however, because of their arm's-length connection to these more identifiable authorities also double as innocuous literary stand-ins for priests and politicians who could not be criticized as directly given the political climate in the province.⁵⁸ It is thus in questioning or attacking a physician's medical authority that one

⁵⁸ The Church in Québec was historically known for their involvement in literary matters. Priests and Bishops acted as censors, and critics like Lionel Groulx and Camille Roy often engaged in literary debates to criticize authors for writing in ways that undermined clerico-conservatism. See Pierre Hébert and Patrick Nicol, Censure et littérature au Québec. While direct clerical censorship had abated by the 1960s,

can, by extension, impugn the national authority wielded by Québec's political and clerical leaders.

If the doctor is to be read as a symbol of (national) authority, his sickness, while effectively an illness like any other, is most often construed as an event or a circumstance that imperils the physician's social role and professional authority, because it strikes to the heart of what distinguishes doctors from patients. As John Nolland argues in his examination of the biblical exhortation "physician heal thyself," there is an "implicit assumption that at least ideally a doctor should enjoy perfect health" (198). The infirm physician, the subject of parables and cautionary tales from classical literature, is perceived to be an aberrant figure, one incongruous with the idea(s) of what the profession entails. Like the immoral priest or the corrupt politician, he is tainted by allusions of hypocrisy and incompetence for showing himself to be subject to the same foibles and afflictions as the population at large.⁵⁹

For sick doctors, the double standard of perfect health is just as common in the closed ranks of the profession, as it is among laypersons. Galen himself had reflected upon the idea of the ailing healer and had responded to it being used as a jeering insult among physicians (Nolland 202). For one of the founders of Western medicine to comment upon the legitimacy of such an affront in his writings reifies and practically codifies the unnatural monstrosity of the sick doctor for the medical profession.

Anecdotal evidence collected by Robert Klitzman reveals that modern physicians have

fierce literary debates still raged between clerical and secular critics. The quarrel between Msgr. Félix-Antoine Savard, Dean of the faculty of Arts at L'Université Laval from 1950-1957, and Professor Jeanne Lapointe of the same institution was showcased in the pages of *Cité libre* in the mid 1950s.

⁵⁹ As Nolland traced the antecedents and parallels to the proverb, he notes a rabbinic text, *Midrash Rabbah* (late 3rd century), that directly places the sick doctor along side sinning priests, blind governors, and legal defenders who play prosecutor. These comparisons suggest that Québec's linking of the medical profession to the clerical and legal or political classes is not without precedent (207).

not left Galen behind, as they discriminate against and marginalize colleagues who find themselves severely or chronically ill: “Once they were perceived as sick, these doctors lost status and power. Illness might not impair a physician’s ability to function, but was nevertheless seen as doing so” (130, original emphasis).⁶⁰ The perceived loss of medical skill instigates calls, whether explicit or only quietly expressed, for the fallen elites to remove themselves from the positions of authority they occupy, at least until the conditions that disqualify them are remedied. It is thus that the sick doctor who continues to practice, while hardly a statistical anomaly, is viewed as an extreme and disconcerting aberration who blurs the roles of doctor and patient.

While ill physicians in real life are far more common than many would suspect, the doctors in Québécois medical narratives, particularly after 1960, seem unusually predisposed to sickness.⁶¹ Both when considered on their own, and when compared other groups, professions, or classes in Québec’s illness narratives, doctors appear to be one of the sicker populations. The patients in the illness narratives as a whole come from a variety of professions—bank tellers, engineers, businessmen, housewives, children—and social classes—urban poor, lower-middle class, affluent townsfolk—but no single characteristic dominates the ranks of Québec’s sick characters as much as medical training does. The infirm fictional physicians suffer from alcoholism, lung cancer, and acute psychiatric disorders. Within this group, unified only by their profession, the

⁶⁰ Klitzman’s conclusions were based on a series of interviews conducted with ill physicians dealing with health problems ranging from HIV-positive status to being bipolar. The stories that he analyses in his qualitative study detail how some ill physicians were expected or forced to resign or circumscribe their duties, or how the necessities of medical practice (a functioning telephone system, hospital privileges, patient referrals) were withheld until the physician once again demonstrated their health and/or competence to colleagues.

⁶¹ A Hastings Center Report by George Annas estimates that 5 to 10 percent of the medical profession could be classified as “impaired physicians”, meaning “alcoholic, drug dependent, or too ill, mentally or physically, to function competently” (18).

conditions range from very specific diseases of known physical etiologies to vague mental illnesses and contested somatized behaviors. Despite the variety of ailments, the sudden presence of sick doctors in the 1960s presents a striking pattern that has largely escaped attention in Québécois literary criticism. The question that nevertheless remains is why literary physicians, an erstwhile healthy and unremarkable group that operated in the background of illness narratives, experienced an epidemic of illnesses starting in 1960.

The answer may lie in the Quiet Revolution. When the provincial Liberals under Jean Lesage defeated a Duplessis-less Union Nationale in 1960 they initiated what was perceived by many to be Québec's overdue removal of elites who, like sick doctors, had long-since lost legitimate claim to the positions of power and influence they held. A host of new Liberal politicians ousted Union Nationale members from their seats in the Assemblée Nationale, purging the government of corrupt and ineffective politicians.⁶²

⁶² The Duplessis government was notorious for electoral irregularities, which ranged from a refusal to reapportion representation in the Assemblée Nationale in the face of a growing urban (and more liberal) population, to the outright buying of votes. Trudeau exemplifies the attitudes of those who ushered in the revolution in Québécois politics:

Dans nos relations avec l'Etat, nous sommes passablement immoraux: nous corrompons les fonctionnaires, nous usons de chantage avec les députés, nous pressurons les tribunaux, nous fraudons le fisc, nous clignons obligeamment de l'oeil "au profit de nos oeuvres." Et en matière électorale, notre immoralisme devient véritablement scabreux. Tel paysan, qui aurait honte d'entre au lupaneur, à chaque élection vend sa conscience pour une bouteille de whisky blanc. Tel avocat, qui demande la peine maximale contre des voleurs de tronc d'église, se fait fort d'avoir ajouter deux mille noms fictifs aux listes des électeurs. Et les histoires de malhonnêtetés électorales ne scandalisent pratiquement plus personne, tellement elles ont peuplé l'enfance de notre mémoire collective. (53)

[In our relations to the state, we are fairly immoral: we corrupt our civil servants, we blackmail our MPs, we pressure our tribunals, we defraud the public treasury, we obligingly blink our eye 'to benefit our work.' In electoral matters, our immorality becomes truly scabby. Such and such a habitan, who would be ashamed to enter a brothel, sells his conscience at every election for a bottle of *whisky blanc*. Such and such a lawyer, who demands the maximum sentence for robbers of church poor-boxes, thinks nothing of adding two thousand fictitious names to the voters' lists. In short, stories of electoral dishonesty scandalize hardly anyone any longer since they have occupied for so long the early years of our collective memory.]

The change in political regimes also brought the Church's formal ties to the government to an end, as their administration of social services was taken over by provincial ministries of health, welfare, and education. By no longer controlling school curriculum and the provision of services, the Church too found its authority in Québec circumscribed: "Like its control over schools, hospitals, and social services, the church leadership saw its control over nationalist movements evaporate" (Seljak 109). To put it somewhat simply, the Quiet Revolution deprived the national paradigm of any clear source of influence as it transformed one-time political leaders into ordinary citizens, administrator-priests into mere spiritual advisors.

The medical narratives of the period had a similarly metamorphic effect on their physician protagonists; it changed them from ideally healthy people into diseased individuals, from doctors into patients. It is as though the real-world changes affecting the political and clerical elements of Québec's social triumvirate were, for the doctors, playing out in literature. The overwhelming presence of the sick doctor may therefore be read as an allegory of a need for reform of the social and political authority in Québec, one that coincides with the sweeping socio-economic, bureaucratic, and nationalist upheavals in the province initiated by the Quiet Revolution. If, however, the surge in sick doctors can be read as an allegory for a nation ridding itself of old and ineffective authorities, the illness narratives stop short of fully dispensing with the elites. Although the stories present stark and often shocking portraits of their ill physician-protagonists they also reorient themselves away from the doctor's disease and illness to focus instead on treatment and the healer's recovery.

That cure should play so central a role in medical narrative is not surprising. Western medicine, argues Arthur Frank, is “obsessed with cure,” to the point where full recovery becomes “medicine’s single-minded telos” (83). According to this logic, it is imperative that the representatives of medicine as social institution, the doctors, embody the founding assumption of their discipline: that their treatments be effective. What this means for Québécois texts is that the physicians’s stories, unlike the earlier patient-centered narratives, focus less on illness than they do on treatment and the patient’s recovery. Moreover, the sick-doctor narratives are driven by the search for cure, which is in itself remarkable for a literary tradition marked by morbidity. The literary doctors are thus provided with a loophole that the Quiet Revolution did not furnish the province’s priests and politicians. As the clinicians are able to resume their practices, they also restore their professional identities and re-establish their social and specialized authority as doctors. The physician’s slipping between health and sickness, and back again, consequently becomes a sticking point for the allegory of the nation’s traditional authority figures permanently ceding way to new ones.

André Langevin’s Poussière sur la ville, Denis Lord’s Aller-retour and Anne Bernard’s Cancer capture the sick doctor’s resiliency in their illness narratives. They also share a number of other traits that set them apart from earlier illness narratives and undo the cohesion of their imputed national allegory. These novels feature, despite encompassing three very different sicknesses, a remedy common to all three texts and each of the illnesses. This cure, available only to physicians, is the ability to heal oneself by treating others. It is not just the “patient’s” recovery and the increased emphasis on cure that set the sick doctor stories apart; they are also marked by a more secular

approach to illness and medicine. Less religious and not as obvious or overtly political in their gesturing to a national allegory, these texts mark an allegorical shift in Québec's illness narratives. This new generation and new breed of illness narratives follows in the vein of Langevin's novel, allegorizing a particular moment in Québec's national history, when competing voices struggled to maintain or gain control of the discursive power to articulate (and implement in a very real way) a national paradigm. Also distinguishing these texts is the first person narration common to doctorly accounts of both illness and cure. This change in narrative voice, as I will show, helps to undo the national allegory as the story unfolds. The first-person narrative distances these stories from other illness narratives and the rather morbid national connotations traditionally ascribed to them.

The Talking Cure

Given that Poussière sur la ville does not deal explicitly with an ailing doctor, but rather with one who is temporarily incapacitated, this early text may be read as a precursor to the much more resolutely "ill" of the sick-doctor narratives that will follow in the 1960s. As the first of the sick-doctor stories, Langevin's novel nonetheless raises many of the questions—such as issues of competency, the limits of the physician's role, and self-cure—implied in the physician's becoming a patient. Contrary to expectation, Dr. Alain Dubois's obvious, alcohol-induced impairment generates little comment from his patient or her family, for they remain mute about any concern they may have. Indeed, only the doctor feels the need to comment on their lack of response, which implies that he deems his unprofessional state worthy of some sort of remark. That the only voice questioning the doctor's fitness to practice is that of the physician himself (and an

impaired physician at that) reinforces medicine's assumption that the evaluation of someone's health, contrary to their medical competence, is an act reserved for those within the profession. Any national allegory ascribed to Langevin's sick doctor narrative can therefore not take the drunk physician's incompetence as a sufficient to challenge national authority. It would instead have to recognize national authority, like its medical counterparts, (at least insofar as sick doctors are concerned) as self-perpetuating, and not subject to outside constraints. The Quiet Revolution, however, served as a definitive check on the authority of Québec's leaders and the national paradigm they posited, making the authority of sick doctors both the basis of the national allegory and its contradiction.

Generally speaking, the physician's own health, state of mind, and bodily limits seldom appear to elicit comment, much less restrict medical authority, judgment or ability in medical narratives. While the parable of "physician, heal thyself" suggests that the doctor's (ill) health is a subject that merits not only comment but reproach, there is little resonance between the biblical exhortation and Québec's sick-doctor narratives. Even the implied national allegory of traditional authorities in crisis suggests that the sick doctor should both be noticed and dealt with accordingly; if the physician cannot live up to the expectations of medical authority, he should be removed from his position. These precedents notwithstanding, the narratives almost never fulfill this expectation. Quite the contrary, the physicians in Québec's sick-doctor narratives seem to practice medicine almost unimpeded by their indispositions or the scrutiny they should occasion. Furthermore, the physician's medically weaker (if competence is at issue) or less authoritative state paradoxically allows the sick doctor to cure with double the efficiency.

This is to say that in treating others, the infirm physician is also able to remedy his own condition.

In the most pronounced instance of this doubled cure, Dr. Dubois literally eliminates his own malady from the medical narrative by simultaneously engaging in diagnostic and self-curative acts. Initially unable to see straight, to concentrate on the road in front of him, or process the simple answers to the questions he was asking, his debilitating symptoms disappear once he falls into the processes of medical reasoning and delivering a baby so familiar to a country doctor:

Pendant ce temps j'ai pris ma décision. Je donne un peu de chloroforme, puis je fais deux brèves incisions latérales. J'ignore ce que je vais saisir avec le forceps, mais je n'ai le choix qu'entre l'inaction et les fers...Le forceps glisse. Je me reprends. Peine perdue. Il est trop petit. Je n'en ai de plus grand...Mais qu'est-ce que c'est, grands dieux! Pas le placenta. Le forceps l'aurait saisi. J'enlève mon gant et vérifie. Je vois tomber ma sueur sur le lit. Je touche des cheveux! Je ne suis plus ivre! Je ne me crée pas moi-même des monstres! Cette tête-là est celle d'un monstre. Elle est engagée dans le col, le bloque complètement et fait ourlet à l'intérieur. Puis l'idée me stupéfie. Un hydrocéphale!...Oh! mon cerveau fonctionne maintenant, à sa plus grande vitesse. Tout est clair, cruellement clair. Mes prochains gestes je les vois, leur inexorable enchaînement. (117-8)

[Meanwhile I had made my decision. I gave the patient a little chloroform and then made two lateral incisions. I didn't know what I was about to seize with the forceps, but my only choice was between the instruments and utter inaction...The forceps slipped. I got hold of myself. It was work wasted. The forceps was [sic] too small, and I had no larger ones with me...But good God, what could it mean? There was no placenta! The forceps would have gripped it. I raised my glove and verified the fact. I saw my sweat falling on the bed. I touched hair. I was no longer drunk! I wasn't creating monsters for myself. The head was the head of monster! It was jammed in the passage, blocking it completely and rimming it. Then the truth struck me. The baby was hydrocephalic!...Ah, my brain began to function then at full speed. Everything was clear, cruelly clear. I saw what my next actions must be, their inexorable progress. (121-2)]

The physician's drunken diagnosis of a highly unusual birth defect is woven into the remains of his earlier narration of his own near paralyzing headache. The alcohol-laden

sweat of his brow is textually intermingled with his physical examination of his patient(s), who is (are) more acutely in need of medical care than he. All the same, the headache and the sweat disappear once Dr. Dubois realizes that things are not as they should be and that his medical skills will be needed. At the same instant that he diagnoses hydrocephalus, he also pronounces himself no longer intoxicated, no longer envisioning terrible drunken sights, for the monstrousness in his mind had become real through his diagnostic intervention. For the rest of the time that Dr. Dubois is in the presence of his patient and her family, neither the signs of drunkenness, nor those of the looming hangover reappear.

Not only does the need to diagnose seem to sober the clinician instantaneously, it actually propels him to a more efficient state of mind than is typical of the calculating but erstwhile bumbling physician. The more Dr. Dubois's medical presence becomes justified, the more capable and competent the reluctant doctor becomes. Knowing that he is the only one who can possibly save his patient reinforces both his medical authority and his sobriety. His clinical thoughts about what must happen next thereafter seem to flow faster than his ability to narrate, as his sentences become clipped exclamations. While the intoxication, hangover, or whichever state in between the two Dr. Dubois occupies cannot physiologically disappear in a moment, the doctor's re-entry into the clinical realm, in both speech and the act of examination, propels his speedy recovery. No sooner does he conduct a manual internal examination than he pronounces himself cured of his drunkenness. In diagnosing another's problem and deciding on the appropriate intervention Dr. Dubois is able to heal himself, negating his own earlier self-

diagnosis. Langevin's text thus establishes a pattern of self-cure through doctoring that will recur, albeit not so dramatically, in future medical narratives about sick doctors.

As the physician who both can and does heal himself, Dr. Dubois subverts the dictate of the Lukan parable. Typically issued as a kind of warning, "physician heal thyself" suggests that the situation is one that should not occur in the first place. Yet if the circumstances do occur, the incongruity may be attenuated and the hypocrisy avoided if the physician first takes care of his own problems before ministering to, and pointing out, the problems of others. Macklin's young physician is nevertheless pressed into caring for others while incapacitated himself. Transgressing the order implied in the exhortation results not only in the hypocrisy warned against, but also in further potential harm to the doctor's patients as a result of clouded thinking and unsteady hands. Dr. Dubois's initial drunken actions and the decisions he makes simultaneous with his miraculous recovery are, however, instrumental in bringing about the best possible medical outcome. As his much-respected colleague later confirms, the doctor's quick thinking and decisive act (puncturing the baby's water-filled head so that the body could pass), the same one that chases away the vestiges of alcohol in his system, is what saves the mother's life.

In casting aside the ordering of events implied in "physician heal thyself" Dr. Dubois begins to redefine the proverb and in the process removes the allegations of hypocrisy for the physician who cares for others while in need of care himself. Moreover, in bringing about his own cure the doctor responds to the challenge of the proverb, for it is in this impaired state that Dr. Dubois shows himself to be a doubly effective physician. The way in which he so swiftly handles the challenge of being an

infirm physician suggests that the sick doctor is not the incongruous figure that threatens medical authority.

Langevin's drunken doctor, while perhaps more through chance than design, rehabilitates the figure of the impaired physician. In so doing he also elevates unwell clinicians, a class of sick people who are stigmatized not by the content of their illnesses, but by the mere fact that they are unhealthy, to the status of unlikely heroes. Dr. Dubois thus sets a unique precedent for ill or impaired physicians in Québécois medical narratives. His ability to bring about the best medical outcome possible—despite the inevitability of the baby's demise and his own inebriation—serves to normalize, if not exalt, the concept of the sick doctor.

The physician, as Richard Malmshemer argues in Doctors Only, is frequently construed as an idealized figure, plagued by “an untenable image of the doctor as omnipotent and priestlike” (1).⁶³ One notable facet of this myth is that clinicians are somehow seen as immune to the normal troubles, such as sickness, that plague the rest of the population. One of the sick doctors interviewed by Klitzman rationalized, falsely, that “you can't be diseased because you're the one who cures disease” (33). In this naïve statement, lays a core assumption of both the population at large and the doctors themselves, who “through their professional training and socialization...had come to see physicianhood as protective against illness—as immunity and defence” (33). According to this logic, physicians are seemingly impervious to the diseases they treat (just as priests are thought to be largely free of sin, mechanics free of car trouble) as though

⁶³ It is curious that the sick doctor is often seen as a hypocritical figure and that one of the most common moral charges leveled against priests, particularly in literature, is hypocrisy. The “omnipotent and priestlike,” be they priests or doctors, are therefore often felled by the same moral shortcoming.

medical school bestowed not only a degree, but also an uncommon physical resiliency upon those who complete it successfully.

The manner in which Dr. Dubois resolves the tension around his own incapacitation is nevertheless the very element that suggests that he does not so much dispense with the ideological and practical difficulties of the sick physician as he avoids them with the narrative equivalent of slight of hand. As he asserts his role as a physician, perhaps the first time in the novel in which he does so with any conviction or authority, Dr. Dubois eradicates his sickness. In the same instant that he diagnoses the problem with the baby, he both cures himself and pronounces himself cured, eliminating any reference to his own therapeutic role or the healing process. In eclipsing his work of doctoring, or more appropriately, self-doctoring, he confounds the act of self-cure and the narration thereof.⁶⁴ By dispensing with his own potential incapacitation and aberrance in the same narrative act, he technically (although perhaps not in actuality) remedies his problem of being a sick doctor. In stepping into the physician's role, it is as if the sick doctor is able to jump between states of being, trading off his incapacitation for doctorly qualities. Unconsciously refusing to be an incapacitated healer, Dr. Dubois effectively forces himself to choose between being drunk and being a competent physician. Unlike others who may wish themselves cured, however, Dr. Dubois has the authority to declare himself so, thereby allowing him to solve, or perhaps more appropriately, to avoid the paradox of the sick physician.

⁶⁴ Kathryn Montgomery Hunter analyses the medical act of presentation in a similar manner, citing the patient's act of presenting him- or herself to a doctor for treatment and the doctor's presentation of the patient's case to colleagues or superiors (for instance during rounds) as, respectively, the act and the narration of that act (58). Dr. Dubois transposes this familiar clinical practice from the start of the medical case to its end and combines the patient and physician functions.

If Dr. Dubois can dodge the supposed crisis in medical authority brought on by his drunkenness, the national authorities he allegorizes cannot, and in fact could not, escape the challenges to their own authority. While the luxury of hindsight and history does part of the work of undoing the parallels to the Quiet Revolution, the very basis of nations and national authority also puts the text's status as national allegory into question. Nations, argues Renan, are constituted by "un plébiscite de tous les jours" (241) [a daily plebiscite] in which the people continually accord to live as a nation. Under what Renan terms a solidarity, no one voice, not even that of a so-called national authority, can act unilaterally upon the national paradigm. Yet, Dr. Dubois single handedly reveals his own sickness and then pronounces himself cured as the result of his own doctorly acts. Medical authority therefore shows itself to be more flexible and one-sided than its national counterpart for dealing with instances of crisis. It also demonstrates how it is fundamentally different from national authority. Reading the nation or national authority through the body and the narration of the sick doctor therefore proves to be, from the outset, a problematic exercise.

Cure as Disease, Disease as Cure

Like Dr. Dubois in Langevin's novel, René, the physician-protagonist and narrator in Denis Lord's Aller-retour struggles with alcohol's effects on his medical practice.⁶⁵ René's self-avowed and self-diagnosed alcoholism, however, winds up being

⁶⁵ In all the sick-doctor narratives, only the first and least "sick" of them, Poussière sur la ville, actually provides the doctor with a given name and a surname. In all the others, the doctor is referred to only by his first name, which suggests that, at least on the surface, the sick doctors of the 1960s are somewhat less authoritative than the presumably healthy doctors in earlier texts.

the least of his worries, for the deaths of his wife and daughter at the end of the first part of the novel precipitate a nervous breakdown. This mental illness leaves René hospitalized and struggling to regain his grip on reality and the aspects of his former life that his illness(es) had forced him to abandon. As René propels himself from one malady to another, effectively providing two sick-doctor stories in one, medicine assumes the dual role of both cure and cause of disease. Medicine and the doctor's relation to his profession thereby links the two illness narratives.⁶⁶

The pharmakon-like quality that medicine takes on in this two-pronged sick-doctor story stems from René's uneasy and atypical navigation of his role as both sick person and physician. Always neither patient nor doctor, yet always also both, René consistently claims professional recognition and rejects patienthood, alternately via doctorly acts and an inherently doctorly identity. This vacillating between not only doctor and patient status, but also, and more importantly so, between the ways in which he asserts his medical authority, suggests that René's claim to medical power is tenuous at best. Yet in spite of his fragile and shifting pretensions to authority, René solidifies his professional position by doing to himself as patient—being an effective physician—that which his illnesses prevents him doing for others. It is thus in occupying the liminal space between the two oppositional medical roles that René's authority is made manifest, and not, as the national allegory would suggest, put into crisis.

In the first part of the novel, René's alcoholism advances relatively unchecked, as he progresses from teetotaling medical student to full-fledged drunk doctor within a

⁶⁶ Some of the most widely publicized real sick-doctor narratives are, paradoxically, those in which the doctors' diseases are caused by their professional exposure to infectious agents. The physicians who contract HIV through needle-sticks and those who specialize in the treatment of tuberculosis who wind up contracting the disease through exposure to their own patients have all captivated public attention both in news stories and in fictionalized accounts, such as on medical television dramas and movies.

couple of years and a matter of paragraphs. As the doctor's alcoholism worsens, affecting all aspects of his life, René and those around him come to scrutinize his medical competence, for his professional and ethical standards slide under the influence of whisky. Medical acumen and René's doctor status are, however, not portrayed in a one-dimensional optic as casualties of the sick doctor's disease and ensuing malpractice. Instead, René's initial illness narrative paints medicine as the spur to his alcohol-sodden downfall and recognizes the sick doctor's detrimental effect on his practice as little more than a side-effect.

When René first notices his drinking severely interfering with his medical studies he argues to Clarence, his future wife, that he is becoming an alcoholic:

J'ai dit plusieurs fois à Clarence que je devenais alcoolique mais elle ne me croyait pas et pensait que le fait d'avoir été abstinent durant plusieurs années me faisait exagérer mon état. (32)

[I told Clarence repeatedly that I was becoming an alcoholic, but she didn't believe me and thought the fact that I had been sober for so many years made me exaggerate my condition.]

René's self-diagnosis, reported without equivocation or doubt is nevertheless dispelled by his fiancée's belief that his earlier teetotaling had distorted his perceptions, making him overly sensitive to the effects of alcohol. In critiquing René's exaggerated sensibilities, Clarence, a nurse, also indirectly challenges his diagnostic acumen because of his unfamiliarity with alcohol's effects. Her reported reasoning holds that René's lack of experience with the acceptable or moderate forms of behavior that constitute the disease prevents him from effectively diagnosing it in its extreme or pathological forms. Clarence's argument therefore establishes, even before the full extent of René's problem is known, an expectation that the physician have some sort of personal experience—even

if in limited or benign form—with the condition he attempts to diagnose.⁶⁷ The idea of the sick physician is thus insinuated into the illness narrative not as an aberration, but rather as a prerequisite to successful doctoring. As a result, medical authority can only be strengthened by the moments of crisis occasioned by disease and illness. Sick doctors therefore seem to have reason to embrace the adage “what doesn’t kill you makes you stronger.”

While most would regard Clarence’s ironic defense of René’s drinking as unfounded and potentially irresponsible, René takes it to heart—and to the extreme—as he becomes a full-fledged alcoholic. At some point though the doctor shifts from drinking in service of medicine (however bizarre such an idea may be) to imbibing as an escape from it:

Quand je veux me débarasser de cette horripilante servitude de ma profession de médecin, quand j’en ai par-dessus la tête d’ausculter, de diagnostiquer et de prescrire, je cherche une évasion. Alors, il me faut boire, ça devient une nécessité de me plonger dans les délices de l’ivresse.
(36)

[When I want to rid myself of the exasperating servitude of the medical profession, when I can no longer stand auscultating, diagnosing, and prescribing, I look for an escape. So I have to drink, it becomes necessary to throw myself at the charms of drunkenness.]

Unlike for Dr. Dubois, who finds almost instantaneous sobriety in the exercise of the medical profession, René finds in the quotidian acts of a doctor, which he takes care to enumerate, only a spur for his disease. It is therefore somewhat fitting that the first of the

⁶⁷ Many doctors in the nineteenth century experienced a similar conflict with regard to personal experience in reference to the habitual use and effects of opiates. Physicians unwilling to use the drug (perhaps not the overwhelming number one might hope or expect) sought out medical advice from laypersons who had extensive experience with it, such as Thomas de Quincey, author of the ironically anti-medical Confessions of an English Opium Eater. One of the first modern physicians to systematically catalogue known pharmaceuticals, Robert Christison, “ultimately grants all De Quincey’s claims, not only admitting he has greater experience but also acknowledging that such experience constitutes a basis for superior authority on the subject in the first place” (Milligan 544).

doctor's medical skills to succumb to the effects of his alcoholism, his ability to diagnose, is also one of the tedium inducing activities he lists. Musing to himself, René asks:

Si ma fringale de rye et de whisky était d'origine névrotique, par hasard? Suis-je malade? Je serais porté à le croire car je suis un homme de volonté et je réussis tout ce que j'entreprends sauf ce qui touche à la boisson...D'ailleurs, il faut m'enlever cette idée de maladie, je ne suis pas un malade mais un ivrogne. (67)

[What if my raging fever for rye and whiskey was, per chance, rooted in neurosis? Am I sick? I'm tempted to believe so, because I'm strong willed and succeed in everything I undertake, except that which concerns booze. No, I've got to get away from this idea of sickness; I'm not sick, but a drunk.]

The doctor's hesitation to diagnose himself an alcoholic reveals his reluctance to turn medical reasoning inward. This hesitation also juxtaposes two interpretations of excessive drinking: alcoholism and drunkenness. In distinguishing between the two, René implies that one condition is objectively different from the other rather than being a matter of different social definitions (the former medical, the latter moral) of the same behavior. This most recent deliberation on his condition also evacuates the doctor's earlier, and arguably valid, self-assessment that a disease related to his drinking was a negative influence on his personal and professional life. This time, however, it is not Clarence who demedicalizes his excessive drinking by doubting him and his professional self-assessment, but René himself. In undercutting his own professional skills as a diagnostician, René weakens the medical reasoning that links symptoms to causes, making this cornerstone of scientific medicine the first victim of a disease the sick doctor blames on medicine.

Alcoholism (like many other somatized addictions and abnormal or socially problematic behaviors) is the subject of numerous "conflicts surrounding the ontological

status—and thus social legitimacy—of behavioral and emotional ills” (Rosenberg, “Contested Boundaries” 410). René’s own alcoholism, like the condition in general, allows for little cultural consensus around its status as nosological entity or vice. René’s internal debate surrounding his own diagnosis therefore takes up the larger conflict around somatization in the medical community and anchors it in his own experience. Yet unlike those who see in somatized explanations a “tool for the ideological management of problematic emotions and behaviors” (Rosenberg, “Contested Boundaries” 420), René identifies the tool, the medicalized interpretation of the problem, as a difficulty inherently worse than his own drinking. To somatize is, in essence, to diagnose, which is a spur to René’s drinking. Somatizing his behavior consequently leads to a cycle of diagnosis-induced drunkenness. As a doctor, René knows that labeling himself an alcoholic accords professional recognition to a problem that, at least in later years, he tries to hide from everyone, including his colleagues. The drunken doctor therefore rejects, at least for himself, the medicalized interpretation. Instead, he prefers an explanation that neither casts him as an ill physician, nor forces him into diagnosing himself, with all the problems that such an act entails. In seeking to diminish the discursive severity of his condition, René not only demedicalizes his case but also the phenomenon of excessive drinking as a disease. Unlike those outside the medical profession whose opinions in such matters count for little in the medical arena, René’s thoughts and actions with regard to his own case contribute to and shape the discourse about substance abuse as a legitimate medical diagnosis. As a doctor, albeit one who shies away from diagnosis, René is in the ironic position of being a medical authority whose refusal to exercise his power in this arena actually shapes the institution and the discourse he rejects. It is thus

from the self-proclaimed margins of the medical profession that René intervenes into one of the enduring clinical debates of the twentieth century. He therefore retains his medical authority in spite of himself simply because he is a doctor.

Although the distance that René's drinking puts between him and the clinic is largely discursive in nature, it also has "objective" or "scientific" implications. René's grasp of basic medical facts weakens, and what should have been a simple understanding of biological correspondences is also affected by his ever-worsening sickness. When the doctor develops terrible headaches as a result of his constant intoxication, he is slow to connect his aberrant behavior to an abnormal and unpleasant state of being:

Pourtant, je commence à les redouter, ces dangereux compagnons, car plus je bois, plus mes maux de tête augmentent. Ce ne sont plus des migraines ordinaires mais de violentes céphalées qui durent des semaines complètes, jour et nuit. Je soupçonne mes abus répétés de liqueurs enivrantes d'être la cause première de ces terribles maux de tête. (56)

[Yet, I'm starting to grow weary of them, these dangerous companions, for the more I drink, the worse my headaches become. They are no longer ordinary migraines, but violent cephalalgias that last for weeks on end, day and night. I suspect my repeated abuse of intoxicating liquors to be the main cause of these terrible headaches.]

The doctor's skepticism as to the cause of his headaches is quite preposterous given the norms of physiology, not to mention common sense, which should be known to him. Moreover, the fact that it took him weeks of constant pain to arrive at this simple association suggests a level of ignorance uncharacteristic of even an ordinary patient, much less one with extensive medical training.

Just as René is slow to connect his headaches to his drinking, he is also hesitant to link his shrinking suburban practice to his addiction. Despite his wife's warnings that his patients were taking note of his imbibing and choosing other providers, the doctor

remained falsely confident that he would have a steady flow of both patients and income. René's ignorance of what should have been an obvious causal relationship only worsens his problems and this blindness only drives him deeper into debt and toward blatantly unethical conduct. (He sells pharmaceutical samples, prescribes second-rate drugs because he receives kickbacks from their manufacturers, and even administers penicillin unnecessarily so as to be able to bill patients for a product acquired at marginal cost.) Whether René's ignorance is the result of persistent denial or of his potentially diminished capacity to perceive the effects of his behavior, the consequences of his addiction nevertheless propel him into a state of diminished doctorhood. His peers, however, never call the doctor out on his behavior. No matter how obvious or egregious his medical misdeeds, René's colleagues do nothing to question his medical authority, tacitly reinforcing the physician's invulnerability when it comes to matters of professional standing.

The issue of René's rightful claim to medical authority deteriorates in a scene oddly reminiscent of the ultimate test of the drunk doctor in Poussière sur la ville. Desperate for money to support both his drinking habit and his wife's cancer treatments, René agrees to perform an illicit abortion. The night before the procedure, he is unable to sleep and proceeds to drink all night long, so much so that he finds himself in the same state as Dr. Dubois the night that he was called out to the farmhouse for the disastrous delivery. Both doctors were drunk as they committed one of the greatest social and religious sins, not to mention crimes, of mid-century Québec. Dr. Dubois nevertheless felt medically compelled to act as he did and never anticipated having to attend to any

patients when he sat down to drink that night. René, on the contrary, knowingly performed an abortion and used alcohol to insulate himself from his unpleasant task.

The more René's profession becomes a problem for him, the more he turns to alcohol as either a remedy or a prophylactic measure. Indeed, as the demands on him as a physician increase, René ironically finds his escape in a behavior that he recognizes (at least at first) as a disease. René's illness narrative about his alcoholism thus makes doctoring the self-declared etiology of his disease, and his disease (in the form of alcoholism) the remedy for the self-diagnosed problem doctoring. The sick doctor therefore turns the habitual poison (alcohol) into antidote and the normally curative processes into disease-inducing behaviors. His illness narrative manipulates and doubles the Derridean pharmakon in such a way that both substances and processes take on valences wholly opposite to what medicine as institution upholds. While totally reversing medicine's fundamental assumptions about what is problem and what is cure, René still participates in the clinical process. Even as he rejects medicine and becomes sicker, René continues to identify "medical" problems and engages in even more of the acts that drive him to drink (such as prescribing) in order to "treat" himself with alcohol. It is, in essence, in trying escape the trappings of his medical authority via alcohol that René continually finds himself unable to shrug it off. The crisis of authority in the medical narrative is therefore radically different than the one faced by Québec's priests and politicians, for whereas René seeks to avoid his authority, the national leaders lost the authority they tried desperately to hold on to.

The transitional point between René's two illness narratives, and therefore between the two stages of his relationship to medical authority, occurs with a definitively

destructive act of doctoring. René provides what he believes is a fatal dose of painkillers to his dying wife and child. Waking to find that his daughter had died, joining her mother in an early grave, René's connection to reality frays under the combined forces of grief and guilt:

J'ai gâché mon existence et j'ai tué les deux être (sic) que j'aimais le plus au monde. J'ai tué, j'ai agi comme un fou, parce que depuis longtemps déjà j'ai perdu la raison... Je suis fou! Je suis fou! (99)⁶⁸

[I've wasted my life and I killed the two people I loved most in this world. I killed, I acted like a madman because I lost my mind long ago... I'm crazy! I'm crazy!]

René's ramblings become delusional exclamations as he links his medical actions (his administering morphine) to the outcome (death) and then to his own state of mind. While autopsies reveal that it was the cancer and not the morphine René administered that killed Clarence and Jacqueline, this fact is of no import to the doctor. His belief that the drugs caused the deaths at last prompts René to self-assess and self-diagnose. When René does finally turn a diagnostic eye back upon himself he nevertheless pronounces the results of his self-assessment using a term, crazy, that is colloquial rather than clinical. René's self-diagnosis, moreover, links three separate medical cases in one sentence: his wife's, his daughter's, and his own. This instance of self-doctoring establishes an etiological link between René's actions and the deaths of his family members. All the while, the physician diagnoses himself. This key clinical act connects his wasted life (likely a reference to his drinking), his medical role in his family's demise, and his newly weakened mental health. In this highly dramatic scene of the first half of the novel, René's actions as a doctor precipitate his breakdown. This traumatic event, one that supposedly cuts René off from all forms of logic and reasoning, is nevertheless the

⁶⁸ Ellipsis in original.

turning point at which the alcoholic physician finally acknowledges his drinking problem as being medically relevant to his new, more obvious, and potentially more severe condition. It is thus the physician's acute health crisis that strengthens René's medical authority precisely at the moment at which the doctor is both at his most and his least competent.

The illness narrative that paints René as a drunken doctor centers on the medical acts that distinguish physicians from the rest of the population, but only insofar as the ill physician fails to perform these acts for his patients. René's shortcomings in diagnosing, prescribing, and treating, owing to his own diminished capacity, are what put his medical authority into question. As René narrates his "descente à l'abîme" (9) [descent into the abyss] he accentuates the instances of medical malpractice, that along with his drinking, diminish his medical authority, both for the other characters and for the reader. While René can successfully diagnose and prescribe for his own case, the fact that he must "diagnose" medicine and "prescribe" liquor puts the legitimacy of his doctorly acts into question, as they run contrary to the clinical institution. The doctor's deficiencies, or paradoxical successes, in acting as a physician should are consequently ignored when defining medical authority. Physicians, at least in this initial illness narrative, are therefore characterized by who they are, in spite of what they do. Basing medical authority on acts is nonetheless what Robert Klitzman identifies as one of the key elements of Western institutional medicine: it "compels its members to define themselves by their work" (297). Accordingly, clinicians become identifiable by their doctorly acts more so than by their training, their titles, or other facets of their identity.

In the second sick doctor story, however, René and those around him defer to his professional title despite his undisputable role as a patient and his inability to act in a doctorly manner. Because René has been a doctor, no matter how (in)competent, he will continue to merit the medical authority that is due a physician. It does not seem to matter that he can no longer perform the acts that earlier defined the medical role, for the doctor's identity, once acquired, becomes the basis for medical authority. As René switches from claiming medical authority via empty or problematic acts to exercising it through a hollow identity, he exposes both how fragile and tenacious this authority is. Even in the face of the total evacuation of its meaning, René demonstrates that medical authority still generates effects.

René's nervous breakdown at his daughter's bedside is followed by a narrative break, which corresponds to a two-week period in which he slips in and out of consciousness. During this time and throughout his recovery, René is unable to act as doctor and, moreover, largely unable to take care of himself; simple logic escapes him, he lives by an institutional schedule, and cannot comprehend the therapeutic value of what is being done to him. It is nevertheless during the long and slow period of René's recovery in the hospital that the ailing doctor's medical acumen and authority are assumed, by sheer dint of his having a medical degree, to be intact in a way that is neither commensurate with his state of mind nor with his circumstances. René's breakdown, like any other illness in a physician, stresses his relationship to other doctors. Rather than marginalizing the sick member of their fraternity, however, the doctors close ranks, restoring their colleague who has become a patient to his former clinical status.

When René's condition worsens to the point where he can no longer simply be an alcoholic "sick doctor," but must become a patient, that is to say, someone under the care of a physician, the professional respect accorded to him increases. The orderlies, pharmacy technicians and even other doctors are diligent in reminding René of his professional status. They repeatedly address him as "docteur," as if to underline his special standing among the hospital's patients and to remind him of his former role as the non-patient par excellence.⁶⁹ While one could argue that "docteur" is little more than a courtesy, the fact that other physicians refer to René by their shared title insinuates a certain level of sincerity, particularly in light of the profession's tendency to shun sick doctors.

In continuing to address René, a doctor who can no longer practice, by his title, his former colleagues unseat the defining principle of medical authority. They recognize their patient as a doctor not by his acts, for René has arguably not been a doctor (much less a good one) in quite some time; instead they use his professional title to recognize what is assumed to be an inherent doctorly identity. That René is a patient nevertheless implies, at least according to the binary logic of "us" (doctors) and "them" (patients) that shapes medical theory from Foucault to Parsons, that he cannot be a doctor if he is also a patient. René is therefore the physician who is not one according to logic of either doctorly acts or doctorly identities. Yet René is able to sustain the respect of colleagues, which suggests that his medical authority and sick doctorhood run contrary to established norms, and thus challenge the connotations imputed to both in the national allegory.

⁶⁹ This is not to say that the use of a professional designation to refer to patients, whether the profession is real or imagined, is not common in the clinical setting. René, for instance, finds himself in the company of "le musicien," a pianist who refuses to use his thumbs to play piano, and "le numéro neuf," one of many imitators of Montreal Canadians hockey legend Maurice Richard—who wore the number nine—to appear in Québécois fiction.

If the mere considerations afforded René in address help to unsettle the national allegory, the more substantive ways in which his doctorly identity is put into play in the narrative push the challenge still further. When his colleague, Charbonneau, checks in on a newly conscious René, he accords his friend special privileges based on his status as a doctor: “Je ne montrerais pas ces lettres à un patient ordinaire mais, toi, tu es médecin et tu connais le processus de ta maladie” (107). [I wouldn’t show these letters to an ordinary patient, but you, you’re a doctor and you understand the course of your sickness.] In giving René a privileged peek at parts of his own chart Charbonneau simultaneously identifies René as both doctor and patient. Despite René’s severely compromised state, Charbonneau also assumes that his friend knows about the complex workings of the mind and his own case even though the “letters” he is given as a diagnostic tool reveal nothing but a mass of squiggles. Still more unreasonable is Charbonneau’s insistence that René understands (note the present indicative) his sickness even though René remembers nothing of the previous two weeks, and does not know his diagnosis. In seeking to reaffirm the hospitalized doctor’s medical identity, the other physicians invest him with an unreasonable amount of medical knowledge, particularly in light of his compromised state. Their insistence on building up their infirm counterpart by making him rhetorically (if not actually) responsible for his own care, attempts to force René back into a doctorly role in which he cares for himself. The patient is nevertheless unable to fulfill these expectations and reestablishing medical authority via acts becomes impossible. Authority via identity, while still a hollow construct, therefore becomes the only way for the doctors to uphold the medical authority they shared.

Charbonneau's good-natured if optimistic comments to his colleague and his confidence in René's capacities still belie a peculiar facet of the myths surrounding the sick doctor. If there is a tendency among the general population to blame those afflicted with a particular disease for bringing it upon themselves (smokers for lung cancer, gay men, sex workers, or intravenous drug users for AIDS), this penchant is exaggerated among doctors:

Depuis un an et demi tu vivais dans une tension nerveuse extrême qui allait en s'accroissant et que tu alimentais, que tu excitais encore, par tes nombreuses soirées. Tu es docteur, mon vieux, tu le sais. (108)

[For a year and a half you've lived in a state of extreme stress that kept getting worse and that you fed, exacerbated, time and again with your numerous benders. You're a doctor, old chap, you know this.]

While Charbonneau uses René's doctorhood as pretense for chastising him, he also reinforces René's status as a physician. It is nonetheless in pointing out the failed action from the first illness narrative, the lack of medical reasoning needed to foresee the effects of alcoholism, that the healthy doctor highlights and reiterates his sick counterpart's medical identity. The doctor's physicianhood, the same one that allows for blame is, in this manner, reappropriated and the (lack of) medical knowledge (used to criticize him), made productive in legitimately reclaiming his former status.

As René's doctors reaffirm his medical identity for him, the patient himself also reasserts a doctorly persona despite his illness and hospitalization. Glossing over his treatment, he remarks, "Je double les doses de phénobarbital, mais je ne dors jamais plus de deux ou trois heures" (130). [I've doubled the doses of phenobarbital but I never sleep more than two or three hours.] In articulating himself as the subject of the verb, René blurs the line between himself as the doctor, the one prescribing the double dose, and the

patient on the receiving end of the prescription. While René exercises no direct control over his pharmaceutical regimen in the institutional setting, the phrasing suggests that he does. Doctorly work is therefore placed—if only narratively—back in his hands. It is thus in starting to combine his presumptive doctory identity with medical acts, albeit ones directed once again at himself, that René strengthens his claim to medical authority in spite of the tenuous ways in which he does so.

The more René takes on what can be considered doctory responsibilities and actions within the hospital, the more his own health improves, thereby reversing (or rather returning to normal) the curative valence of his doctory acts. The correspondence of René's improved health and his renewed ability—and indeed interest—in medicine implies that the ailing physician's doctoring goes hand in hand with his recovery. This unlikely connection is nevertheless the basis of a secretive treatment regimen devised by René's doctors to reintegrate him into medical practice. They encourage him to work in the hospital's small pharmacy/lab and task him with analyzing specimens and writing cursory reports. Even though René knows his toil to be of little scientific value, the sick doctor finds his clinical activities beneficial. He muses, "Quand je m'y occupe, mes maux de tête disparaissent" (141). [When I busy myself with it, my headaches disappear.] More important than any therapeutic value though, René finds in the lab a refuge from his life as a patient. He is once again made privy to information about other patients and, moreover, is seen as a colleague, even a superior, by the young technician who works there with him: "Elle est très gentille avec moi et elle ne me parle jamais de ma maladie" (141). [She is very nice to me and never talks to me about my illness.] In acting as a doctor in the lab, for the one-time physician recognizes that he is playing doctor more so

than actually being one, René is able to escape his patienthood, and at least temporarily return to his former status as a physician. Resuming the doctorly role in the lab becomes a turning point, for at this moment René is both doctorly in his perceived identity and in action. That these two conditions, which restore medical authority, occur within the clinical space of the hospital where René is a patient limits his doctorly authority. It is, however, only insofar as René is being treated for his psychiatric condition that he is able to regain his medical authority, since it is only as a patient that he has the opportunity to function and be recognized as a doctor. Treatment, and the more severe condition that requires it, are hence made the preconditions of medical authority that had earlier eluded René because of his alcoholism. The sick doctor therefore depends on his worsened mental state to allow him to both “legitimately” act as a physician and be recognized as such.

Despite René’s earlier reservations about medicine, he and his psychiatrists rely on the exceptional patient’s—the sick doctor’s—medical authority to bring about his cure. His physicians, in devising a treatment that calls on him to assert his doctorly role to bring about his cure, assume that doctoring is in itself a curative act.⁷⁰ They allow him to forget that he is a patient by forcing him into a doctorly role that is itself predicated on a binary that rigidly separates doctors from patients. Quite simply, the more doctorly René’s therapy forces him to be, the less patient-like he becomes. René’s treatment, however, not only draws on, but also reinforces the clinical divide between doctors and patients. Since not every patient can engage in the type of therapy prescribed to René

⁷⁰ Klitzman’s study of sick doctors, while it focuses on how doctors self-treat and self-diagnose, comments very little on doctors who derive cure from their treatment of others. The one instance in which the issue does come up is with regard to the psychological benefit (and perhaps a corresponding psychosomatic boon) that ill physicians derive from treating patient who are sicker than they are.

(because laypersons cannot practice medicine), the ailing physician's treatment plan confirms that doctors are a special class not only of patients, but also of sick people. The ill physician who can be cured by doctoring is one whose illness, no matter what it is, responds to a treatment that no other patient's would. Furthermore, this remedy is unavailable to patients who do not share the doctor-patient's professional rank. Physicians are therefore seemingly infinitely renewable sources of authority, for it is almost always within a doctor's power to cure him or herself. Cure, itself a proof of medical authority, thus appears to be latent in any physician simply by dint of his or her professional identity. It is for this reason that René's psychologists make it a priority to reinstate and confirm René's identity as a doctor, even if they must do so via a game of make-believe by which René claims medical authority. It is consequently the very potential for cure via doctoring that marks physicians as distinct from any other segment of the population that may find itself sick.

The clinician's ability to cure therefore structures not only the normal doctor-patient relationships, but also empowers ailing physicians to maintain traditional hierarchies even when they are threatened. Because of their unique curative abilities, doctors will continue to be doctors even when they are sick and under the care of others. The established authorities of medical settings are therefore always able, at least within the plausible limits of biology, to restore themselves to health and therefore to power. It is, however, only in exposing the fallibility and fragility of the physician's health that doctors are able to show themselves to be so adept at their craft as to go the extra, implausible step to cure themselves. Far from embodying a revolution in authority, then,

the physician and his sickness open the door to an infinite potential for self-renewal and reaffirmation of a contested professional identity.

By turning what is a threat to the infirm physician's authority into a demonstration of the near invulnerability of this same authority, Aller-retour unsettles the national allegory intrinsic to it and the other sick-doctor stories. Lord's novel establishes sick doctors as being inherently different than other patients because they possess the near-limitless possibility of cure. If ill physicians prove to be exceptional in their temporary adoption of the patient role, Québec's actual physicians were demonstrating their own difference from other, more traditional, sources of national authority at roughly the same time. Stepping back from the association of all social elites with not only national authority, but also the clerico-conservative national pedagogy, the province's doctors quietly set themselves apart. In fact, they positioned themselves against these other, fading, national authorities. As recent historical inquiry confirms, physicians in mid-century Québec were actually the ones whittling away at some of the institutions that supported those who had the loudest voices in articulating the national paradigm.

Since the days of New France, the Catholic Church administered the majority of the province's hospitals and asylums, largely through the efforts of orders of nursing sisters. As the population shifted towards urban centers, hospitals became the locus of an increasingly specialized and scientific medical practice. This demographic change consequently brought doctors out of their home offices and house-call-based practices and into the public space of the hospital, where religious and not strictly medical authority prevailed. Increased staffing needs nonetheless meant that more secular workers had to be hired. The increasing lay to religious staffing ratio rapidly shifted the

balance of power in Québec's hospitals. As Charles, Guérard, and Rousseau contend in their historical study of changing power dynamics in Québec's health care system, the increasingly technical nature of medical care and the greater day-to-day presence of physicians in hospitals vaulted physicians into administrative roles, even at religious institutions. No longer the most visible symbol of an essential social service, the Church lost control of one of the key mechanisms through which they could claim to have a legitimate national voice. It was therefore not outside commercial interests (such as private insurers), the Jean Lesage government, or competitors (such as Anglo-Protestant or Jewish hospitals) that undermined the Church's hold over health care and the national paradigm. Instead, the doctors, another of the three groups in Québec's triumvirate of social elites, carved away at the influence of the clergy.

The same clinicians who, through their sudden and rampant sickness in 1960s illness narratives, embody national authority in crisis were, as revisionist historians demonstrate, more accurately part of the new wave of bureaucratic and national authority associated with the Quiet Revolution's reforms. Québec's physicians, despite their affiliation with priests and politicians were never actually threatened with the same kind of diminishing influence that their clerical and political colleagues were. If one assumes, as the allegory does, that physicians were as vulnerable to the crisis of the Quiet Revolution as other supposed national authorities, Québec's doctors not only proved to be surprisingly resilient among the nation's elites, but (all things considered) escaped unscathed. The allegory that the sick-doctor narrative provides is thus not one of crisis and illness for traditional authorities, but one in which the infirm physician's ability to heal himself mirrors the often forgotten role of Québec's medical practitioners. As a

result, the sick-doctor narrative does not undercut supposed medico-national authorities any more than the Quiet Revolution did. The narrative moreover elevates these authorities by showing how healers are seemingly impervious, at least in the long run, to the diseases that affect them. Their ability to heal themselves further implies that doctors, unlike other groups who may find themselves at a disadvantage, can restore their own health and thus assure their survival. Ill physicians, and particularly those who cure themselves by doctoring, are therefore fundamental to unsettling assumption that literary doctors represent the sick nation and its ailing authorities.

When René assumes medical agency and shores up his doctorly identity he threatens more than just his illness narrative's status as national allegory. He also calls into question conventional understandings of the medical relationship, in which the doctor and the patient exist as separate and almost mutually exclusive entities. Each pole of this binary is defined by oppositional sets of characteristics; patients are sick, helpless, and receiving care, doctors are presumed to be the helpful, healthy providers of care to others. Scholars such as Foucault, Parsons, and Kleinman, who make the physician central to the definition of disease and the adoption of the sick role, have only reinforced the binaries of the clinic as they seek to explain it. By making the practitioner central to both diagnosis and treatment of disease, sickness is always posited within a realm into which doctors must intervene. The sick doctor, however, receives care because he or she is sick as well, and as such is often forced by the underlying clinical norms either to fully inhabit the domain of sickness or to allow illness and disease to permeate the supposed realm of health.

While many illness narratives, such as the AIDS novels of Hervé Guibert, largely dismantle the doctor-patient distinction by, as David Caron argues, destabilizing “the traditional health/disease rhetoric and the power structure that rests on it,” (113) Québec’s sick-doctor stories ultimately reinforce the clinical distance between the providers of care and those they treat.⁷¹ Even when sick, doctors embrace their roles as physicians and ignore their illnesses whenever possible. The exception to this dictate, as found in both Dr. Dubois and René’s illness narratives, occurs when the infirm physician cures himself. This exceptional act draws attention to the healer’s own sickness. In doing so, however, it also reestablishes the conventional and binary order of the clinic. Québec’s sick doctor stories therefore operate in a manner that questions, but does not fundamentally destabilize the clinic or its power relations.

Curative Patienthood

Xavier, the ailing physician in Anne Bernard’s Cancer, reprises the uneasy navigation of the liminal space between doctorhood and patienthood that is typical of Québec’s sick-doctor stories. The story of the cancer-stricken obstetrician, narrated by his all but anonymous wife Isabelle (her name is disclosed only as the final word of the novel), centers precisely on what it means for a doctor to be a patient. Unlike Dr. Dubois and René, whose actions and narration continually attest to and reinforce their medical authority in spite of their illnesses, Xavier’s doctorhood is largely taken for granted. Yet by showing how the sick doctor can take on certain elements of the patient role and reject others, Xavier’s sickness provides a new perspective on the paradoxical position of the ill

⁷¹ See À l’ami qui ne m’a pas sauvé la vie and Le protocole compassionnel.

physician. Xavier manages his dual role by continuing to act as any other doctor on an interpersonal level, but also by consenting to be the patient in—and for—a larger medical context. Acknowledging the contradictory role in which he finds himself because of his disease and the figurative repercussions of his being a sick doctor, Xavier becomes a full-fledged patient as a sort of sacrificial gesture for the good of his profession. In allowing others to cure him, the cancer-stricken doctor is able to heal the enfeebled authority of a profession symbolically weakened by the sickness of one of their own.

Unlike many sick-doctor narratives, Cancer is told from the perspective of a healthy layperson and not by the ill physician himself. Despite the change in narrative voices, the narrator nevertheless brings to the sick doctor story an affective experience of patienthood that is reminiscent of the illness narratives of the '40s and '50s. The healthy Isabelle adopts what may be thought of as a patient-like tone and mannerisms from the outset of the novel, mimicking what Talcott Parsons has called the “sick role.” (She does so to such a degree of stereotypical perfection that one may wonder whether Bernard had a copy of Parsons’s sociological study open beside her as she wrote.) Isabelle, for instance, exempts herself from her social responsibilities until the cancer is in full remission, she fervently believes in the possibility of cure, and pursues every option to bring about a full recovery. Isabelle’s experience of her husband’s cancer is so slavishly close to Parson’s definition that it seems as though she and not her husband were the sick person. She is the one who withdraws from her social circles, while he continues his professional and social interactions unfettered. She decries the pity and “paroles réconfortantes” (27) [comforting words] offered to her by her friends.

The biological fact that the cancer is located in another's body does little to mitigate Isabelle's appropriation of the sick role. Indeed, she goes so far in her adoption of it that she depicts herself using physical descriptors associated with various disease states, as though to lend rhetorical legitimacy to her claim of being the patient. She brings pathology upon herself in her narration, proclaiming, "Je suis un paquet malade" (51) [I am a bundle of sickness] and likening herself to "une plaie vive, écorchée par le moindre souffle" (53) [an open wound, flayed by the slightest breeze]. As her husband recovers, she seems to enter a state of remission as well, announcing "J'étais en train de guérir" (141) [I was in the process of healing]. Isabelle's first-person narration, itself a hallmark of sick-doctor stories, confuses the logical object of her discourse, her ailing husband, with her as speaking subject. In identifying with Xavier at all stages of his illness Isabelle shows herself to be as affected by the disease as her husband. Her appropriation of the sick role is, however, more convincing and vivid than Xavier's. For instance, in pronouncing herself in remission, Isabelle poses a stark contrast to her husband, whom she simply says by way of status report, has resumed work following his operation. By emphasizing her act of recovering but skipping over the undoubtedly long and painful process of coming back to work following a surgery that opened the chest cavity, Isabelle foregrounds the affective component of the illness experience at the expense of its physiological elements. She therefore establishes a physical parallel to her emotional understanding of Xavier's illness and takes it upon herself to feel sick or better.

Isabelle's psychological adoption of her sick husband's cancer acts as a bizarre defense mechanism, aimed not at protecting herself, but rather her husband. Isabelle

introjects Xavier's cancer and takes on the characteristics of his bodily state.

Introjection, an act that Hoyle Leigh and Morton Reiser attribute to patients who seek to graft elements of a healthy identity onto their sick body, is—in a highly unusual reversal—Isabelle's way to assume her husband's disease. Her abnormal self-investment with pathology also establishes a rapport between patient and sick person that does not correspond to the actual presence of cancerous cells. Despite her perfect health, Isabelle's embracing of behaviors and defense mechanisms normally attributed to patients creates a somewhat unique situation whereby she dissociates sickness from patienthood.

In taking on the affective experience of a disease that is not her own, Isabelle reinvents the western medical paradigm so aptly embodied by her physician-husband in spite of his illness. While seemingly odd, Isabelle's behavior is not actually all that unusual. Like many couples threatened by disease, "the spouses become bonded... seeing themselves as together requesting and receiving care" (Klitzman 221). Illness experiences such as these also find resonance in other medical traditions (such as those of traditional Chinese medicine studied by Arthur Kleinman) where "the illness is believed to be constituted by both the affected person and his family: both are labeled ill" (Patients and Healers 73). Isabelle does not simply add herself to her husband's illness though. She assumes the role of patient so that Xavier does not have to, except in the most technical sense. While he is the one who undergoes the procedures meant to treat his lung cancer, Isabelle will assume the social and psychological dimensions of the patienthood that are supposed to belong to Xavier. Their splitting of the patient role into its medical and social dimensions allows Xavier to maintain his status as a doctor, for

despite his sickness and his treatment, neither of them view (nor likely care to think of) the ailing physician as a patient.⁷² By dividing the patient role into a medically acceptable biological sickness and its negatively perceived psycho-social dimension, Isabelle is able to buttress the doctor-patient binary that has begun to crumble due to the physician's diagnosis. Relegating the elements of the sick role that most contrast with the medical models to herself, she allows Xavier to continue to occupy an imperfect, but still sufficiently "doctorly" role.

Isabelle also reinforces her husband's position as a doctor by (in line with other sick-doctor narratives) making medical practice an element of Xavier's treatment plan. She recognizes her husband's practice as a healthful activity in that it serves, on one hand, as a distraction, and on the other, a guard against fully falling into patienthood. When Xavier, an obstetrician, is called away to perform an emergency caesarian section, Isabelle dubs the operation a "diversion providentielle" [providential distraction] and rationalizes that "la concentration d'esprit, indispensable à l'intervention, l'empêchera de penser à son problème" (67) [the mental focus that is indispensable to the intervention will keep him from thinking about his problem]. Isabelle's reflection on her husband's dual role, while it tacitly acknowledges Xavier's condition, only alludes to his cancer euphemistically. Using problème [problem] instead of a word with medical connotations of any sort—illness, sickness, disease, cancer—suggests that the narrator hesitates to bring Xavier's actual sickness into proximity of his doctorly functions.

While it might be expected that distraction is an effective treatment for psychological illnesses like René's, it is less plausible that engrossing oneself in

⁷² Not even the other physicians at Xavier's hospital, where he is being treated, view him as a patient. Indeed, they had just re-elected him chair of the hospital's board, placing the sick and supposedly less authoritative doctor atop their medical hierarchy.

caesarian sections will cure small cell carcinoma. The diversion is nevertheless given a relative salutary valence because it creates a hierarchy of sickness that is fortuitous for Xavier. Isabelle's comment distinguishes the patient's emergent case from the doctor's euphemistically chronic one. Since somebody else's health is worse than his, Xavier appears healthy by comparison and therefore less patient-like.⁷³ By implying that the criteria for successful doctoring is that the physician must appear healthier than his patient, Xavier can reprise his role as a doctor. Forcing Xavier back into the most doctorly of medical roles, that of surgeon, allows him to disregard that fact that he himself is sick and that he could just as easily be under another physician's scalpel.⁷⁴ In actively treating others, he definitively resumes his place in the doctor-patient relationship, or at least insofar as the difference between these two actors is predicated by the act of one treating the other.

In continuing to see patients in his practice as a form of maintaining his own health Xavier, and even Isabelle, reinforce the dyad of doctor and patient, albeit while ignoring the complication of Xavier's disease. According to the underlying logic of both the text and the clinic, the man with lung cancer cannot become the passive object of the clinic because he continues to be a doctor. Doctoring, insofar as it is a verb that describes the practice of medicine, is therefore not curative in the same way that it is for Dr. Dubois or even René, for Xavier's doctoring never actually makes it into the narrative. The individual medical act therefore does not carry the same weight in shrugging off patienthood. Instead, the simple knowledge that Xavier continues to practice medicine in

⁷³ Xavier's specialty, obstetrics and gynecology, because of the inherent gendered nature of the specialty, also precludes him from ever becoming a patient by the standards of his own practice.

⁷⁴ It worth noting that Xavier and his physicians/friends had initially decided that surgery was a more dangerous option than less radical treatments and therefore opted not to place the sick doctor under a surgeon's knife.

a tradition (and a specialty) that so rigidly separates doctors from patients prevents slippage from one role into another. It is sufficient to cast Xavier as doctorly in action, and to minimize his diagnosis, for Isabelle to underplay his sickness and make a particularly aggressive form of cancer analogous to any other of life's trivialities or "problems." While it downplays the disease and builds up Xavier's medical function, Isabelle's commentary on her husband's role in the emergency surgery also whittles away at both his disease and his potential patient status.

I have previously defined patienthood in a summary way that opposes it to doctorhood and that hinges on binaries of giving and receiving care, as well as of health and sickness. The term patient is, however, not interchangeable with the label sick person.⁷⁵ Isabelle's experience of her husband's illness and studies like those of Leigh and Reiser indicate that there is an affective element to being a patient. This less "objective" way of experiencing illness is what lends to the term patient certain negative connotations, particularly among doctors. In distinguishing the patient from the sick person Arthur Kleinman specifies that the term patient is "redolent with the sights and smells of the clinic... which leaves an afterimage of a compliant, passive object of medical care" (The Illness Narratives 4*n*). Such connotations might explain why the professional literature on sick doctors (particularly the literature about how to deal with clinicians whose conditions interfere with their work) rarely refers to physicians in ill health as patients. The British Medical Journal, for instance, features a number of articles

⁷⁵ The noun patient furthermore eliminates the direct reference to personhood that is explicit in the clumsier term of sick person. Groups that have fought against the medicalization of bodily difference, such as the disability community, have advocated for "person-centered" language that keeps the person integrated in, rather than excluded from, the expression of non-normative bodily status.

on sick or incapacitated doctors and physicians who find themselves ill, but does not typically designate them by the marker patient.⁷⁶

Isabelle's surrogate patienthood is confirmed by the way she acts in the clinical setting, mirroring Kleinman's description of the patient as passive and compliant. These tendencies are exacerbated when Xavier is in the hospital, at his most patient-like as well. For example, whenever her husband is speaking with his physicians Isabelle is never present, always relying on her sick-doctor husband to interpret the findings and treatment plans for her. Additionally, she knows that Xavier is fully aware of his prognosis and the likely side effects of the treatments he elects, but she does not share such details with the reader, as if to suggest that they are hidden from her as well. It is thus she, and not the expected patient (the sick person), who is passive and compliant, for Xavier's colleagues always consult him extensively about every aspect of his care. Compliance to medical authority, when coupled with the affective response to illness, does much to suggest that the "patient" in Cancer, is actually Isabelle. The sick person and the patient of Kleinman's explanations are, therefore, not one in the same, but rather two separate individuals for whom neither health nor disease define patienthood. In disaggregating the sickness from the authority-laden implications of patienthood, the doctor can be sick without surrendering medical authority.

Kleinman's definition of the patient centers on a subordinate role within the Foucauldian clinic, which also implies that the patient (as opposed to the sick person) is beholden to be the object of medical care. Kleinman makes clear, as does Parsons, that only those who are being cared for in the medical setting, or who are receiving treatment,

⁷⁶ A search using the online search tool provided by the journal turned up 74 responses to the query "sick doctors," but only 11 for "doctors as patients" in a full text search of issues ranging from January 1994 to December 2008.

are actually patients. Xavier's authority preserving status as sick person without being a patient is therefore not absolute, for he is under the care of a team of fellow physicians. Despite his increased odds of successful treatment, owing to his being a medical VIP and having the latest therapies available to him, Xavier engages in these treatments with a sense of futility and reluctance. He prefers to finish out the rest of his days treating patients and living a good life: "C'est ce que j'ai de mieux à faire. Travailler le temps qu'il me reste à vivre. Finir en beauté" (56). [This is what's best for me. Working the time I have left to live. Going out on a high note.] Xavier's begrudging acceptance of treatment, played out in arguments between he and Isabelle, contrasts with his calmly stated desire to work until he can no longer do so. The tension surrounding the sick doctor's receiving treatment, although a frequent one for many patients, questions the entire medical enterprise deployed for him. Xavier's desire to bypass the intermediate phase of patienthood, where prognosis is uncertain and treatment pursued, erodes the medical profession's *raison d'être*. He initially refuses to be passive for the clinic, neither being a compliant, object-like patient, nor (by implication) putting his faith in his colleagues to cure him. By insisting that his schedule and medical activities, like the outcome of his treatment will be unaffected by the latest oncological strategies and tactics, Xavier—in his effort to resist patienthood and its diminished medical authority—undermines the medical establishment of which he is both a part and a supposed object.

The catch-22 of medical authority that results from the sick doctor's unwillingness to become the passive, object-like patient for his peers is eventually, and ironically, resolved by his becoming a patient. His readiness to accept treatment

therefore has more to do with professional courtesy than the legitimate adoption of the sick role or patient-like values:

Puisqu'il se laisse traiter, il le fait consciencieusement pour donner toute latitude aux médecins d'accomplir leur travail comme il le ferait, lui en pareille circonstance... il se soigne surtout pour les autres, pas tellement pour lui. (77)

[While he is letting himself be treated, he is doing so conscientiously, to give the doctors the latitude to do their jobs, as he would under the same circumstance... he is being treated mostly for others, not so much for himself.]

Isabelle argues that her husband consents to treatment to appease his doctors and to maintain professional norms. Yet in these seemingly altruistic acts, Xavier is also able to regain the collective authority imperiled by his cancer. Explaining how Xavier resolves the tension between his doubting attitude and his clinically submissive actions, Isabelle zeroes in on what is perhaps the defining element of patient status.

Patients, obviously, undergo treatment with a presumption of cure, or at the very least, a sense that their conditions will improve or their discomfort lessen. They submit themselves to the clinic (and its demands on time, finances, autonomy, and bodily limits) in the hope that it will yield positive results. Such a belief stems from the sick role, which assumes that people will get well, that health will be restored, and that the patients will go on to tell the tale from the perspective of no longer being patients (Patients and Healers 437).⁷⁷ Xavier, however, is under no such illusions, and even successfully convinces his wife (who now wonders why he would reform his engrained behaviors, such as smoking, knowing that he will not recover) that death, and not cure, will end his illness experience.

⁷⁷ Arthur Frank takes issue with the presumption of cure inherent in the sick role, arguing that it obliterates other experiences of illness, such as chronic illness, that are not oriented toward what he terms a "restitution narrative." See The Wounded Storyteller: Body, Illness, and Ethics.

By submitting to aggressive treatment while doubting the possibility of cure, Xavier engages in what can only be perceived as a profession, but not life, sustaining exercise. Treatment is then transformed from an action centered on the body to one directed toward an external element for which the sick doctor is emblematic. The Parsonian sick role is therefore redirected onto the entire medical profession via the synechdocal body of the diseased physician. Xavier's tumor-riddled lungs represent a professional body that founds itself on "the assumptions of modernist medicine" (Frank 83). These assumptions—that doctors are healthy and patients sick, that doctors cure disease, that cure is guiding principle of medicine—are the prerequisites of modern Western medicine. Xavier's seemingly futile actions directed toward letting other doctors try to cure him consequently appear to be a way for him to make professional amends for having fallen ill, and thereby having threatened the collective medical identity.

In undergoing treatment in spite of disbelieving its potential for cure, Xavier proves to be a sort of sacrificial patient who allows the body that is truly threatened by his sickness—the medical profession—to be cured. Just like the other infirm doctors who regain their individual health by practicing medicine, Xavier provides an opportunity for his colleagues to do the same. He takes on patient status so that they may continue to doctor in spite of both the illness of one of their own and their collective symbolic sickness. In Xavier's quasi-selfless act there is an element of sacrificial behavior reminiscent of René Girard's concept of the scapegoat, for members the members of a group who perceive themselves as threatened "instinctively seek an immediate and violent cure for the onslaught" (84). Becoming a patient in the full and clinical sense of

the term casts Xavier as a professional Other and allows him to become the victim of the most literally violent of cures—surgery—that is also sacrificial in nature. Unlike Girardian violence, however, in which the victim of collective aggression receives no personal benefit for having taken on the role of scapegoat, the doctors are able to reclaim the one-time patient as one of their own by curing him while they cured themselves. In successfully treating the physician’s disease and restoring him to health the profession renews the separation of doctors and patients foundational to the clinic and their medical authority.

If Xavier’s cancer is what both threatens and reinstates authority in the medical community, it is only in relinquishing his personal medical agency that Xavier and his profession can be cured. This paradoxical act ultimately proves salutary, yet more than any other sick doctor narrative, it requires that the physician consciously cede his power. It is nevertheless the doctor’s prerogative to take on the role of patient—on his own terms—which suggests that the disease occasions carefully considered responses that further entrench existing authorities rather than precipitating a true crisis. Xavier, after all, consents to treatment for the profession, but views his death as an equally acceptable alternative.

When compared to Québec’s national authorities, the historical narrative maintains that the priests and politicians confronted their own so called crises of authority, the Quiet Revolution, in a much more oppositional manner than did Xavier. The politicians, as the early commentators rightly stressed, had to be voted out of power and the clergy lost most of its influence. Yet to look beyond the suddenness of the Quiet Revolution’s reforms reveals that “the Church,” at least, “reacted to the secularization of

Québec society with relative serenity” in part because “many of the supporters of the reforms were members of the Church” (Seljak 109). This reforming trend was evident among some segments of the clergy during the 1949 Asbestos strike and Michael Gauvreau had traced the Catholic reform movement to the 1930s. Bernard’s illness narrative therefore attunes its reader to the subtler shifts of authority that took place both leading up to and during the Quiet Revolution, but which were largely eclipsed by what has been dubbed the “mythological proportions” of the event, “which produced a simplistic reading” of Québec’s history” (Cuccioletta and Lubin 125). The physician’s cancer, like the reforms of the Quiet Revolution, were therefore not the death knells of authority in the province, but rather opportunities for the large-scale reinvention of authority.

The Patient’s Voice

Across all three sick-doctor narratives, the physicians demonstrate uncommon physical and mental resilience, attributable I argue, to their status as doctors. To be a doctor though means many things, any number of which could impact the potential for cure. VIP treatment and access to the best available therapies may help to explain the high rate of cure among doctors. Xavier’s lung cancer is treated not simply with the traditional option of surgery, but rather with “un nouveau traitement employé aux Etats-Unis” (66) [a new treatment being used in the United States]. This description stresses both the novelty of a combination of radiation and chemotherapies and the persistent

Canadian faith in the fact that the best health care is offered south of the border.⁷⁸ René's psychological and psychiatric treatment is repeatedly praised for being innovative and aggressive, and his rapid recovery from a condition that normally takes years to overcome attests to its efficiency. Xavier and René's therapeutic successes notwithstanding, René tries and fails to cure his wife's leukemia with radiation therapies that are both cutting edge and almost prohibitively expensive, even for a doctor. Despite the cost and novelty of the treatment, Clarence succumbs to her disease and displays symptoms (radiation sickness) that suggest that her treatment may have caused more harm than good.

Perhaps the more significant proof of the inherently resilient medical constitution is the overwhelming rate of cure among physicians when compared to other sick individuals in Québécois medical narratives. Xavier's cancer quickly goes into remission, but the cancers of Daniel Lacasse, Alexandre Chenevert, and René's wife and daughter are fatal. Dr Dubois's inebriation almost instantaneously disappears, defying physiology and provoking little of the outward scorn that he anticipated. René's alcoholism and his mental illness fade into his past in a way uncharacteristic of those afflicted with similar problems. In the corpus of Québec's medical narratives, the overwhelming majority of the characters who recover from their ailments are doctors.⁷⁹ The exceptions, such as Jacintha, Xavier and Isabelle's housekeeper, are generally secondary characters who have already survived their diseases and whose stories do

⁷⁸ Although the United States had become the international leader in medicine, Montreal had been one of the centers of medical innovation in the late nineteenth and early twentieth centuries. William Osler began his career at the very prestigious McGill Medical School and Wilder Penfield mapped the human brain at the Montreal Neurological Institute.

⁷⁹ Not all sick doctors recover as well as the three studied here do. Stefano, the Italian physician with vaguely defined heart troubles from *Dure est ma joie*, succumbs to his illness as a Christic figure who is out of touch with the realities of his era. Charles Lévy of Monique Bosco's *Charles Lévy, m.d.*, a novel that comes much later in Québec's literary history, dies of lung cancer.

not delve into the experience of their illness. Sick doctors are therefore a class apart, being not only remarkable in their patienthood, but also uncommon in their ability to leave patient-status behind them.

Notable for their ability to defy death and to return to their places of power in the macrocosm of society and in the more restrained world of their interactions with their patients, the sick doctors defy allegories of national crisis and perishing national authority. Unlike the priests, Duplessis-era politicians and the institutions of Grande Noirceur Québec, the physicians who cede their positions of authority to become patients do so only temporarily. The province, however, never truly looked back on its pre-Quiet Revolution past. The leaders who emerged in 1960, such as René Levesque, went on to dominate the province's political scene. They introduced a new brand of nationalism that redefined the way that many French Canadians, particularly in Québec, would think of themselves as a nation. The institutions created by sweeping social and economic reforms, like Hydro Québec, continue to be mainstays of the province's economy and infrastructure. Even though the Lesage government fell in 1966, arguably bringing the Quiet Revolution to a close, the effects of six years of unprecedented change proved so durable that many historians define the "long" Quiet Revolution as stretching to 1980. The truly revolutionary character of these transformations assured that the authorities who defined Québec's identity in a manner that assured their continued influence would never regain their former sway over the national paradigm. The real-life figures that the sick doctors allegorize were effectively swept from the roles that assured them authority and influence over the province and its people. The doctors, however, would go on to

diagnose, treat, and cure again and the mechanism that distinguishes physicians from their patients—their medical knowledge and health—remained intact.

If the illness narratives allegorize a changing society, they also participate in much more direct representations of a shifting national paradigm. They portray Québécois society as technologically advanced (in that cutting edge medical treatments are available) and urban, which makes them substantially different in character than the romans du terroir that dominated the literary scene until the 1930s. This sensitivity to the character of Québec at the time portrayed is one of the ways in which these narratives not only reflect, but also influence the changing national paradigm. The writings of Gabrielle Roy and Roger Lemelin from the 1940s, for instance, were considered revolutionary both for their urban realism and their role in helping the Québécois to acknowledge their society as one that had become urban. Crafting a compelling narrative about urban life supplied the population with a kind of proof that their reality was in fact a situation that had resonance for how Francophones in Québec conceived of themselves.⁸⁰ In much the same way, the more secular doctor-centered illness narratives of the 1960s also helped Québec process another largely unassimilated reality: that the Church was no longer the foundational element of Québec's society or its national paradigm. While the change of setting, from rural to urban locales, in the earlier narratives has provoked the most comment and been the most apparent facet of Québec's transformation, the diminishing clerical influence, both on and in the texts themselves, had become a conspicuous absence by the early 1960s.

⁸⁰ Lemelin's *Au pied de la pente douce* was technically the first urban novel in Québec, but its carnivalesque atmosphere and characters were generally used to relegate it to second place in comparison to Roy's early novels.

In suggesting that Québec and its literature became more secular, I do not wish to insinuate that the priests were chased out of the province in the 1950s and 60s like the Jesuits were suppressed in the late 18th century and that people abandoned their faith en masse. What I imply, however, is that the Church no longer loomed as a monolithic entity in Québec once its near monopoly on social services for Francophones in the province had been eroded. This marginalization of the Catholic Church in real life appeared to make it easier to subtly poke fun at, argue against, or ignore clerical influence in the texts of this era. In sick-doctor stories in particular, the physicians are the ones to lead the secularizing trend, reviving the centuries old conflicts between the Church and science.

Dr. Dubois, the protagonist of Poussière sur la ville, is perhaps the most aggressively anti-clerical physician. He earns himself some notoriety in town for his very public disagreements with Macklin's priest over matters both personal and medical. Dr. Dubois openly disagrees with the clergyman over his public condemnation of his wife Madeleine's extra-marital affair, protesting that it is a private matter. The doctor's disregard for the Church's laws when he sacrifices the child to save the mother is, however, the most direct conflict between the doctor and the priest. For Dr. Dubois, the imperative is to save the life that can be saved. By contrast, the Church's prohibition of abortion is fundamental, and no logic or reasoning, no matter whether scientific, humanist, or purely pragmatic, can sway the town's priest and its rank-and-file Catholics.

In the other sick doctor stories, religious figures and dictates play a somewhat minor role and are largely confined to the margins of the narrative and the plot. In Aller-retour, the Church and its prohibitions are either quite easily brushed aside or are made

the object of ridicule. When René performs an abortion with the help of a Jewish nurse, he uses the Church's proscription against the procedure as a way of extracting more money from his would-be patient, citing its illegality and moral consequences. He also openly mocks the clergy's authority and central social function, dubbing the nun working in the hospital lab "soeur relax." Even his problematic drinking is framed as contrary to his having joined a Catholic temperance league as a boy. The Church, in René's hands, is made a reason for extortion, an object of ridicule, or something that can easily be forgotten. In Cancer, religious influence is altogether absent from the text. In this, the latest of the sick doctor narratives, the total absence of the clergy or Catholicism lends credence to the idea that the more thorough the Quiet Revolution's overhaul of Québec's institutions, the less the literary texts resemble their rural, Catholic and historical forerunners.⁸¹

As the ones who carried out these restrained attacks on clerical authority, the doctors—both in their fictional and real-life manifestations—were the ones who positioned themselves against the Church's longstanding influence in the province. Their changing role in Québec's hospitals slowly undermined clerical control, and medical narratives—especially those told from the physician's perspective—often made priests or nuns the obstacle to the "logic" of medicine. Reflecting on the events surrounding the mishap-laden delivery, Dr. Dubois asks a colleague whether he believes in divine justice in light of all the suffering they see. Dr. Lafleur, who has the respect of all of Macklin, including its priest, responds in a way that does not overtly disrespect the Church and its

⁸¹ The illness narratives of the '40s and early '50s, while decidedly more urban and contemporary, were still quite religious in orientation. The dying characters in Gabrielle Roy's illness narratives see either priests or devout lay-Catholics before they pass on. Nevertheless, even these novels chip away at the Church's role of comforter of the dying, Daniel for instance having forgotten some of his daily prayers in the hospital setting.

dictates, but nevertheless acknowledges medicine's frequently oppositional role when it comes to religion:

Ma foi ne m'empêche pas d'aimer assez les hommes pour les soustraire quand je peux à ce que vous considérez comme l'injustice de Dieu. Vous voyez, nous sommes deux à lutter contre Lui. Il n'y a pas d'autres solutions que de faire notre métier d'homme. (128)

[My faith doesn't keep me from loving people enough to shield them when I can from what you call the injustice of God. You see, both of us are fighting Him. The only answer is to do our job like men. (131)]

God, even according to the logic of Dr. Lafleur, is an entity that medicine must struggle against in order to spare people from the kind of injustice that considers a young mother's life saved a condemnable act. The idea that a life saved should be construed as a failure (because the baby could not be saved with her) makes the Church appear ridiculous by the standards of the doctor (and by dint of his narration, the text) and elevates medicine as a logical and objective source of authority compared to its religious counterpart.

If modern medicine, and by extension the thoroughly modern, physician centered, sick-doctor narratives, champion the idea of lifesaving at practically any cost, these two discourses unsettle the Catholic belief in providence. This principle held that one should accept circumstances beyond one's control as being God's will and recognize that suffering in this life would be rewarded in the next. Accepting such situations, or at least insofar as they promoted the survivance mentality, was a mainstay of Québec's earlier literary tradition, (Louis Hémon's Maria Chapdelaine being by far the best example of ideology driven providence). In opening up an oppositional discourse around the Church's influence over matters of life and death, however, the doctor-driven narratives suggest that things need not be as they initially appear, because terminal illnesses become cases of miraculous recovery and impediments to competence turn into improbable allies

in the curative process. The doctors who cure both others and themselves therefore articulate an allegorical meta-discourse critical of the Church's ability to set priorities for the nation, including its insistence on putting rurality, Frenchness and Catholicism—the tenets of la survivance at the heart of Québec's national paradigm.

La survivance is nevertheless a principle at the very heart of the sick-doctor stories. Because they are generally narrated by the doctors themselves, the narratives are predicated on the doctor patient's survival and ability to tell the tale of recovery. Aller-retour, for instance, draws attention to the inherently recuperative narrative premise at the outset of the novel. René frames his entire story as a narrative of recovery by stating in the preface that the two-part illness narrative is an autobiographical account of a physician's health crisis:

Trois cent soixante-cinq jours, sans parler de médecine, sans soigner, sans pratiquer. Repos complet, par ordre des médecins... Pour meubler ces longues vacances, je deviens écrivain et ce simple journal, que j'ai tenu fidèlement prend l'allusion d'un roman. (7)

[Three hundred and sixty-five days, without speaking of medicine, without treating, without practicing. Total rest, doctors's orders... To fill this long holiday, I have become a writer, and this simple journal, which I faithfully kept, takes on the qualities of a novel.]

René frames his writing as part of the healing process, his narrative as one both describing and playing a role in his own recuperation. Healing thus becomes, even for those who do not present their cases in such explicit terms, an inherent part of the infirm physician's narrative.⁸² Their accounts, to allude to Arthur Frank's distinction of the kinds of illness stories, become the ultimate "restitution narratives," for without the narrator's recovery, there can be no first-person, physician narration.

⁸² Isabelle's adoption of the patient role, complete with an assimilation of Xavier's sickness, has the paradoxical effect of removing him from the danger of his cancer, thus also ensuring his ability to "survive to tell the tale."

The centrality of cure to sick doctor's story echoes the importance of these narratives, including the recovery of the authority figure, to the Quiet Revolution-based national allegory. If allegory is to be understood as a narrative that can be equated with meanings that lie outside of the narrative itself, the sick doctor's story poses a problem for the allegory of challenged and rebuffed national authorities. This is because Québec's sick-doctor stories always contain the physician's self-driven return to their previous positions of medical authority. To read the sick doctor narrative simply as an allegory of national authority in crisis is therefore an incomplete reading that not only ignores a significant element in the plot—the recovery—but that also discounts their narrative premise.

The choice to focus on the ultimately less significant, albeit more obvious illnesses and diseases in Québec's sick-doctor narratives, and arguably in its illness narratives more generally, belies a trend all too common in Québécois cultural studies. There is a penchant, observes Jocelyn Létourneau, for Québécois to “carry their past like a cross. For them, despite what many historians are now telling them loud and clear, the past is a breeding ground of painful, depressing memories rather than a pretext for positive remembering” (15). The inescapable victim mentality that has plagued Québec's history is, I argue, equally present in its literary criticism. From Jane Moss's “The Morbid World of the Québec Novel,” to the numerous studies on the tragedy of madness and psychiatric illness in modern Québécois fiction, to the long-dominant trend of holding Émile Nelligan up as a kind of martyr who sacrificed his sanity for his French-Canadian identity, Québec's literary critics have cultivated an ethos of pathology. Just as historians who framed the Quiet Revolution as a radical break from the preceding era

hesitated to acknowledge many of the incremental changes that made the 1960 shift possible, the salutary elements within Québec's illness narratives have been pushed to the margins of the critical field in favor of a readily identifiable and symbolically rich diagnosis. Even the allegories of sick doctors as representatives of crumbling national authority hinge their cohesion on the historical elements and complexities obscured by the nation's negative remembering; the same ones that Gurérard, Charles, Rousseau, Gauvreau, Létourneau, Cuccioletta, Lubin, and Seljak bring back to light, and which complicate the attempt to read infirm physicians as symbols of a sick nation. The lesson of revisionist historians's revalorization of the period leading up to the Quiet Revolution is thus that they recognize the salutary elements in the periods of crisis that make the resolution possible. Like the authors whose ill physician characters find not only a cure, but produce their own recovery, the potential for positive revaluation is always within reach. The sick-doctor narratives, which I have shown to be inherently recuperative narratives despite the illnesses that occasion them, consequently always contain within themselves the undoing of the morbid medico-national allegory and the myth of the sick nation.

Chapter IV

Reinventing The Illness Narrative

Québec's illness narratives and the general use of medical rhetoric have thus far shown themselves to be important diagnostic tools for understanding the national paradigm. Indeed the complex nature of Québec's national paradigm has become more evident the more one probes the medicalized narratives. The clarity that the clinical storylines provide nonetheless fosters a good deal of confusion with regard to the sickness or health of the national paradigm. The medical situations described in numerous illness narratives, the ones that I have examined in the preceding chapters problematize the concept of the body politic and similarly falter in positing the national paradigm as sick via medico-national allegory. As such, the simplicity of the "sick body=sick nation" equation that critics perpetuate comes into question and it becomes not only possible, but also necessary to rethink the idea that the national paradigm in Québec is actually sick.

Despite the curative tendencies of the illness narratives, one ought to hesitate before giving Québec and its national paradigm a clean bill of health. Although the preceding chapters conclude that the medical narratives are in fact rehabilitative rather than purely diagnostic or symptomologic articulations of an ailing national paradigm, the abundance of medicalized narratives in Québec's literature makes it difficult to pronounce the national paradigm inherently healthy. After all, even rehabilitative or

curative narratives imply that there is some ill that necessitates the treatment supplied by the narrative. That illness narratives occupy so central a position in Québec's literary tradition—particularly given the importance of literature as a proof of national vitality in Québec—further inscribes this underlying sickness, both implied and overt, into the national paradigm.

Québec's illness narratives therefore give rise to a contradiction. The texts, through their insistence on disease and illness, sicken the national paradigm, but through their treatment of sickness posit this same paradigm to be in relatively good health. Since texts posit the national paradigm as both a communal and exemplary entity, the question of whether or not Québec truly is a sick nation thus becomes a matter of if and how Québec takes both good and ill health to be communal and/or exemplary values of its national paradigm.

Not wanting to put the cart before the horse, but recognizing the need for a methodology, I wish to outline a process for determining how Québec makes sickness and health part of its national paradigm. This matter of how, is best approached via this study's initial query, which asked why Québec's novels got sick in the first place. The first phase of this chapter will consequently revisit the matter of social realism in literature, albeit from a slightly different angle. My approach centers mostly on determining whether or not Québec's actual public health situation, its concrete national sickness or health, provided a basis for a communal vision of a sick nation. Using mostly non-literary sources, such as public health studies, I show that Québec was assumed to be home to a sickly population, but that it was this assumption rather than the medically accepted account of the public health situation that gave rise to national allegories of

illness. The sickening of the national literature cannot therefore be taken as a communal value of the national paradigm. Instead, I take it be a reaction to some other social or national phenomenon that establishes sickness not as a communal, but as an exemplary value of the national paradigm. The second phase of this chapter focuses on the political writing in Cité libre and seeks to understand whether or not the journal's overt liberal and federalist slant and nationally prominent editors and authors contributed to a national pedagogy of sickness. Considering political writing alongside more traditional literary sources provides insight into whether or not Québec's fictional illness narratives constitute a discrete body of "sick" texts or whether they were part of a larger movement that upheld disease and illness as nation-forming symbols.

The importance of pathology to Québec's public discourse, and therefore to this study, springs from a very simple fact: pathology has become, whether by design or by chance, a virtually inescapable part of the national paradigm, a national symbol of sorts. These kinds of symbols, contend scholars like George Mosse, are adopted and cultivated by nations to further develop the national paradigm and nationalism. Public statuary honoring heroes, folk festivals, pageants, as well popular theater and literature exhibiting the values of health, vigor, pride, valor, and tradition have all become keys to building the kind of nations and nationalisms that emerged in Europe in the nineteenth and twentieth centuries. Measuring the effect that any of these cultural components have on the national paradigm, much less any of the values they tout, too often proves prohibitively difficult. This impediment notwithstanding, it is still fair to say that there is a relationship between traditional nation-forming symbols, such as popular literature and the mass internalization of the ideas expressed therein. Mosse maintains that "to a certain

extent popular literature filters human perceptions, and at the very least it coincides with a good many of them” (Masses and Man 7).⁸³ Taking Mosse’s conclusion that literature can, at the very least, be taken as an indication of what was on people’s minds, it becomes more than reasonable to deduce from the prominent motif of sickness in Québec’s national literature that people were keenly interested in matters of health and disease. The prominence of tropes of illness and disease furthermore insinuates that it not the easily overlooked state of health that was on people’s minds, but rather the problematic and attention-getting pathologies, which filtered and coincided with the issues preoccupying French Canadians. The question that one must ask in relation to the communal function of the national paradigm therefore becomes whether or not illness and disease, beyond the basic and individual experiences of sickness, were in fact communal or shared aspects of the national paradigm.

Illness Narratives: Social Realism or Social Causes?

Moss and Shek, among others, claim that social realism accounts for the morbid literary turn in the 1940s. This hypothesis, that the novels mirror the society and the times in which they were written, is well received and seldom disputed. Conventional thinking, relating both to broader notions of the pathological turn in national literatures and to Québec in particular, supports these views. When realist and naturalist novels in France “sickened” in the nineteenth century, it was against a backdrop of continued

⁸³ Much of Mosse’s work on the development and adoption of popular nationalist symbolism in Fascist Europe hinges on a discourse of intentionality. While often at odds with the kinds of readings that I have conducted throughout the rest of this study, the broader socio-historical aims of this project are served by a variety of approaches, even when they may be outwardly at odds with each other.

epidemics of infectious diseases that provoked anxiety about the nation's health. William Schneider notes that this "fear produced vast amounts of writing on the causes and effects of decline" (269-70). The three biggest threats in the French imagination, Schneider explains, were tuberculosis, venereal disease, and alcoholism and these conditions became mainstays of naturalist writing (271). Tuberculosis, while often romanticized, was rampant in both literature and real life. Syphilis and other venereal diseases were major public health concerns and provided authors such as Balzac inspiration for their characters. Alcoholism, a newly pathologized condition and a favorite subject for Zola, was to be guarded against at all costs. Cholera, typhus, and smallpox were less sensationalized and not as often made the subject of literary texts, but they still threatened populations and drove scientists to understand how these diseases were spread and, thus, to contain them. The struggle against all manner of disorders thought to be preventable found formal endorsement in the eugenic movements after the recruiting efforts for the Franco-Prussian War drew attention to the underwhelming physical condition of the populace.

By the time that Québec experienced its spate of illness narratives in the mid-twentieth century, however, many of the epidemiological problems addressed in the continental literature were already solved or on their way to being solved. Public health measures proved highly effective in curtailing the rates of disease in the early twentieth century. Georgina Feldberg and Mary Anne Poutanen signal the importance of education campaigns on how to reduce the spread of disease by arguing that measures such as sputum management for tuberculosis patients and their families were successful as prophylactic measures. Improved public hygiene measures such as sanitary sewers,

garbage collection, and food inspection, were key to keeping disease in check in urban centers. In Montréal and Québec, the improvements to the sanitation infrastructure that began in the late nineteenth century drastically reduced the incidence of water-borne diseases like cholera. The gouttes de lait, the clean milk distribution centers turned well-baby clinics that started appearing in Montréal in 1910, played a pivotal role in the city's public health strategy. As of 1914, 90% of Montréal's milk supply was contaminated (Poutanen 421), mostly with bovine tuberculosis, and pasteurization would not become mandatory for another 12 years, although the widespread availability of pasteurized milk was still not assured as late as 1943 (Minnett and Poutanen 35). Although the milk distribution was an important step in improving the city's overall health, the clinics became truly effective in reducing infant mortality in the 1930s, notes Denyse Baillageron, once mothers began using them as sources of child-rearing advice and as clinics ("Fréquenter" 51). When the gouttes began sending nurses into homes and vaccinating children in the 1930s, the effects became even more pronounced, because women who had difficulty getting to the clinics (often those with many children or who could not afford the transportation) could finally access the services they needed, perhaps more than others. Vaccination campaigns had virtually eradicated smallpox after the devastating 1885 outbreak and the successful Canadian trials for the BCG vaccine to combat tuberculosis began in Montréal in 1924 (Feldberg 159). The combined effect of these measures was so significant that the impact of antibiotics, which were nonetheless acclaimed as miracle cures in the popular press, was overshadowed by the overall trend toward improving vital statistics. Indeed, by the mid-twentieth century Québec was perhaps the healthiest it had ever been. Despite this upturn in public health, the illness

narratives in Québec flourished, even as the population continued to live markedly longer and healthier lives.

Explaining Québec's plethora of illness narratives thus requires a more localized or context-specific approach that takes other factors into account. Considering, for instance, the overlapping but markedly unequal public health systems and the history of French-English relations in Québec's cities makes it possible to see whether, as Mosse contends, "the nation's own self-representations entail a worship by the people of their own passions," which is to say their own ill health (Nationalization 74). The 1940s in Québec did, in fact, coincide with a swell of interest in all matters related to health, disease, and medicine. The province's daily newspapers, for instance, devoted considerable space to medical and personal wellness articles. A cursory scan of the headlines of two prominent Montréal dailies, The Gazette and La Presse, in the 1940s reveals a keen attention to developments in the medical field of international significance.⁸⁴ A quick look at the titles of articles in the metro sections of both papers (the main headlines generally being focused on the events of the war) shows a particular concern for children's health.⁸⁵ If Québec did indeed transpose this passion for all things medical or pathological into its literature, the unexpectedly curative orientation of the illness narratives begs that the "reality" represented in the illness narratives be reconsidered in light of actual health conditions in the province. An examination of Québec's public health records and medical history will consequently help to parse the actual sickness among the population from the perceived communal illness of the French

⁸⁴ See Appendix for a more detailed explanation of methodology.

⁸⁵ A 1943 incident involving the deaths of 5 infants entrusted to the care of long-term nurseries (dubbed "baby farms" by the English-language press) outside Montreal city limits sparked a well-publicized furor and led to a public inquest to investigate claims of malnutrition and unsanitary conditions.

Canadian population that is taken up by the illness narratives. Specifically, I will focus on the difference between the dramatically improving public health situation of French Canadians as a self-contained group and the shrinking, but still significant, gap between the health of French Canadians and other ethno-religious groups in Montreal.

Québec's population was, as Moss's article attests, largely thought to be full of sick people. Prior to the 1940s, Québec had a well-deserved reputation as a place where disease was rampant. The province, and especially its cities, had been ranked as the unhealthiest place to live in North America and it had one of the highest rates of infant mortality in the Western world (Anctil and Bluteau 61). In the late nineteenth and early twentieth centuries, French Canadians in particular had garnered a reputation for being an especially sick group, even within Québec. In Montréal, the numerous smallpox epidemics hit the French Canadian population especially hard. The 1875 Report of the Medical Officer of Health in Montréal attributes 83% of the deaths in connection to the disease to French Canadians. The report, which normally does not insist on the linguistic, but rather the geographic sweep of a given epidemic, explains its break from regular procedure in drawing attention to the ethno-linguistic incidence of the outbreak: "We would not refer in this connection to nationalities, but for the persistent opposition of a small minority of French medical practitioners to the process of vaccination" (cited in Gaumer, Desrosiers, and Keel 41n). Donald Hopkins contextualizes this break from procedure when he explains that the vaccination campaigns that were renewed in 1875 produced a violent anti-immunization backlash among the city's Francophones when some of those vaccinated developed ulcerations and lesions (which may well have been smallpox that had not yet erupted into the characteristic sores) that some suspected to be

sypilitic in origin. The effects of this resistance became evident during the 1885 epidemic when 86% of the deaths were among children under 10 years old, the group born since the 1875 anti-vaccination campaign and riots (Hopkins 286). From April to December 1885, deaths from smallpox were limited to 6 per 1000 among the Irish (traditionally perceived as the group that brought disease to Québec), 2.1 per 1000 among Anglo-Protestants, but swelled to 30.8 per 1000 among French Canadians (Gaumer, Desrosiers, and Keel 55).⁸⁶

The early disparities in public health statistics between French Canadians and other ethnic or national populations in Québec proved to be a source of concern, not only for the public health officials of the time, but also for those looking back at these earlier situations. Medical historian François Guérard, for instance, pinpoints the 1885 smallpox epidemic as fuel for a broader negative attitude toward French-Canadians:

Les difficultés rencontrées par les autorités à mettre en oeuvre les mesures d'isolation et de vaccination...seront par la suite souvent évoquées pour illustrer le retard des Canadiens français sur le plan de l'hygiène, leur ignorance, l'irresponsabilité de leurs élites. (Histoire 22)

[The difficulties in implementing measures for isolation and vaccination encountered by the authorities...would frequently be evoked at a later date to illustrate the delays in public hygiene on the part of French Canadians, their ignorance, and the carelessness of their elites.]

The delay that had deadly consequences at the time of the epidemic was generally indicative of a slower adoption of other public health measures among French Canadians

⁸⁶ The alarming disparity in the number of deaths may be attributed to an equally sharp demarcation between the rates of hospitalization among those infected with smallpox. A mere 21.4% of French Canadians who were estimated to have been infected received treatment in a hospital. The figure grew sharply for other groups, rising to 60.5%. Hospitalization not only increased the odds of survival among those infected, but more importantly helped to reduce the risk of transmission to other members of the household (Gaumer, Desrosiers, and Keel 55). The source of the 1885 outbreak can also be traced back to a Francophone hospital, where misdiagnosis allowed the infection to spread to the French-speaking staff and other patients (Hopkins 285).

in the province's urban centers. While Montreal's Anglo-Protestant and Jewish communities formed family aid societies and brigades of visiting nurses to promote hygiene (in 1917 and 1922 respectively), their French Canadian counterparts declined to follow suit for another ten years. And while French versions of these organizations were in place by 1932, the institutional mechanisms needed to promote a homegrown (i.e. francophone) sensibility to public health were slow in coming to even the most metropolitan of Québec's cities. In the 1930s, remark Anctil and Bluteau, "la recherche en santé publique, en médecine preventive et en microbiologie était quasi inexistante dans les universités francophones du Québec" (88) [research into public health, preventative medicine, and microbiology was virtually inexistant in Québec's francophone universities]. Only in 1945 would the Université de Montréal officially open its school of public health to address the long-standing need for public health officials (as opposed to regular physicians) who were both trained in and attuned to the needs of the French Canadian population they were most likely to serve.

That French Canadians were singled out as a kind of "diseased nation" in public health documents at the end of the nineteenth century helped to fuel the enthusiasm for eugenics, which was gradually taking hold in Canada. Montreal emerged as the hub of the Canadian movement, and professors at McGill University (the flagship institution, both educational and cultural, of Anglo-Montreal) became some of the most vocal campaigners for eugenic reform. While these eugenicists, like the public health officials, were generally reticent to name French Canadians as their targets, the discourse of nation and/or race (in the sense given to the term by French Canadian nationalists like Groulx) was only partly camouflaged by a more general rhetoric about public health. In an

analysis of eugenic rhetoric in Montreal from 1890 to 1942, Sebastien Normandin cites McGill professor Carrie Derrick's October 1914 speech on the need to screen out "backwards" pupils from other students in the public school system. Profiling the kind of family that she believed prone to producing such problem children, Derrick elaborates, "They remain at home, and marry young, and have large families. It is a well-known fact that the feeble minded have larger families than normal people. One has to choose between quantity and quality. Early marriages are to be deprecated, as too many children do not make for the highest development of the race" (69). Derrick appears to take issue with the kind of families encouraged by the Catholic Church, which condemned all forms of birth control. Although Irish, Italian, and Portuguese communities were also overwhelmingly Catholic and thus subject to the same religious doctrines, Derrick is accused of targeting French Canadians. Normandin introduces Derrick's comments by remarking that "her description sounds disturbingly like a typical French-Canadian family of the time" (68). Normandin's assessment, while likely an accurate reading of Derrick's speech and sentiment given that French Canadians were by far the largest Catholic group, nevertheless reveals the entrenched tendency to perceive to French Canadians as the source of Montreal's public health problems.

By the 1940s, when support for eugenics in Canada was waning in favor of more generalized sanitation and disease-prevention measures, however, the public health landscape in the province had dramatically changed for the better. The years between 1940 and 1970, the thirty-year period that coincides with the sickening of the Québécois novel, correspond to an unprecedented surge in vital statistics and quality of life in Québec. From 1941 to 1961, life expectancy in the province as a whole rose from 60 to

67 years for men, and from 63 to 73 for women (Guérard, "Histoire" 63). This rapid increase can quite likely be attributed, in Québec as it was elsewhere, to public health and medical advances, which prevented and, to a lesser extent, cured diseases that had previously been fatal for many of those who contracted them. A stronger and healthier French Canadian population buoyed the province's rapidly improving public health statistics. The number of so-called mentally or physically "defective" students revealed by assessments in Montréal's French language schools had plummeted from 50.8% in 1938 to 1942 to 21.4% during the 1958 to 1962 interval (Gaumer, Desrosiers and Keel 166).⁸⁷ Ironically, the poorer sanitation in Montréal's Francophone neighborhoods, which normally caused disease, prevented polio from hitting French Canadians as hard as it did other groups, namely the Anglo-Protestants and Jews, in the city. The Service de santé de la ville de Montréal in 1949 tracked the rates of infection rising sharply among the latter two groups during the outbreaks in 1946 and 1949, but shows that the curve was much flatter for French Canadians (Gaumer, Desrosiers, and Keel 177).⁸⁸ Even infant mortality, long a sore spot for public health officials, had dropped considerably, thanks in large part to declining numbers of early deaths in the French Canadian community. From 1913 to 1937 the rate of infant mortality among French Canadians in Montréal fell from 182.6 per 1000 to 90 per 1000, a decrease of over 50% (Gaumer, Desrosiers, and Keel

⁸⁷ While it is shocking to consider that half of Montréal's French Canadian students were labeled "defective," it is important to remember that the label applied not only to students who were severely disabled enough to interfere with normal learning, but also to children who displayed relatively minor and correctable problems. As such, children requiring glasses or those who showed signs of mild malnutrition were included in the statistic.

⁸⁸ The next major epidemic in 1959, after vaccinations began, saw French Canadian rates of infection leapfrog those of other groups, whose numbers were declining. 35.9 persons per 100 000 were infected among French Canadians, compared to 11.9 among Anglophones, 10.5 among Jews, and 19 among Italians (who were often used as a point of comparison for French Canadians, given their similar religious beliefs, attitudes toward family, and similar socio-economic status). The reason for the sudden shift in numbers is attributed to a slower embrace of the polio vaccine among French Canadians, despite widespread support for the immunization campaign by both the French and English language press in the city.

163). By 1940, the number had dropped off even more, the rate among French Canadians being 86.9 per 1000 (Baillageron 118). And while infant mortality would again spike following the war and the return of soldiers from abroad, the rate was definitely declining. By 1970, at the end of what might be called the “sick” period of Québécois literature, French Canadians could no longer even be cited as having the highest infant mortality rate in Montréal, that dubious distinction having fallen to Anglophones, who lost 25.5 children per 1000 live births, compared to French Canadians at 19.2 per 1000 (Gaumer, Desrosiers, and Keel 240). Overall Montreal followed the same general trends with regard to public health as other North American cities. It experienced significant drops in mortality during a period that was considered to represent the triumph over infectious disease thanks to improved hygienic measures, a greatly improved quality of life, vaccinations, and access to health care and medications. It is safe to say that despite Québec’s early reputation for having been an unhealthy place, it was almost statistically on par with similar areas by the 1970s. As for French Canadians, they were gradually proving that they could justifiably shrug off their reputation as a diseased population, for they were closing the public health gap.

When the medically accepted facts of Québec’s public health situation are considered in relation to the illness narratives it would seem that social realism alone cannot account for the degree of morbidity in the novels. The general public’s newfound interest in all things medical undoubtedly honed sensibilities and focused public attention on both sides of the perceived binary of sickness and health. On some fronts Québécois authors even faithfully captured the realities of the province’s public health situation. When heart disease and cancer jumped to the number one and two causes of death in

Montreal, in 1935 and 1940 respectively, the literary texts largely imitated reality (cancer being somewhat more popular as a literary ailment than heart disease despite the statistical supremacy of cardiac conditions) (Gaumer, Desrosiers, and Keel 230-1). Still, one might conclude that Québec's illness narratives were, at best, only selectively faithful to the public health realities in the province.⁸⁹ The national paradigm therefore cannot objectively be judged sick in a communal sense.

The objective "health" of the nation notwithstanding, the perceived sickness of the actual French Canadian population did, if the theories of social realism are to be accorded any credence, influence the communal aspect of the national paradigm. The perception of sickness seems to be a vestige of an earlier era, making Québec a society still ailing from the diseases of its past. This anachronism begs the question of why Québécois narratives take up the idea of disease and morbidity at precisely the time when it is health, and not disease that characterizes the public health situation. Were the illness narratives, like the clerico-conservative nationalists of the era, holding up as an exemplary value of the national paradigm a former communal trait?

While many of the disparities between French Canadians and other healthier groups had diminished leading up to the mid-twentieth century, some crucial differences

⁸⁹ The one possible exception to this trend relates to venereal disease (VD). As had been the case in France, military recruiting fully exposed the shabby state of the population in this regard. The 4th military district in Montreal had, from the outset of the Second World War, the highest rate of venereal disease in all of Canada (Gaumer, Desrosiers, and Keel 183). Despite the extent of the problem (which was believed to stem from the large population of prostitutes in Montreal) venereal disease of all types remains notably absent from Québec's illness narratives, particularly when compared to France's literary reaction to the same problem. While often resistant to public health measures that called for change, traditional nationalists in Québec were unusually eager to sign on to anti-VD campaigns of any sort, even if they entailed working with federal government oversight (Guérard "Histoire" 49). Citing VD's role in the degeneracy of the "race" and linking it to the number of stillborns, traditional nationalists—not normally shy about pushing an agenda via literature—nevertheless took a more direct tack with this issue. They teamed up with public health officials and in return for allowing them access to their congregations (for instance at parish events), health educators had to link the medical dictates to prevent the spread of VD to the Church's attitudes toward family and sex (Cassel 223-4).

nevertheless persisted. Up until the 1970s, when religious influence over the population diminished and birth control became legal, French Canadians still had larger families than their Anglophone neighbors. The greater number of live births therefore helps to explain the higher rate of infant mortality for French Canadians. Certain diseases, notably tuberculosis, also remained more common among the members of the Francophone population who had a lower overall standard of living. Even the unequal healthcare infrastructures can be cited as both reflecting and contributing to the epidemiological disparities. French language clinics, public health organizations, school health programs, and hospitals lagged behind those providing services to Anglophones, Jews, and other immigrant groups. Guérard makes the point that differences in private funding to the various hospitals allowed for far better care (more staff, better trained nurses, newer technology, more space) at Anglophone institutions:

Il semble par ailleurs que les hôpitaux anglo-protestants de Montréal parvenaient plus facilement que les hôpitaux francophones et catholiques à obtenir des dons élevés, si bien que certains médecins francophones se plaignaient que les établissements où ils travaillaient étaient moins bien équipés et qu'une partie de la clientèle de confession catholique était soignée dans des hôpitaux protestants. (*Histoire* 52)⁹⁰

[It seems, moreover, that Montréal's Anglo-Protestant hospitals managed to receive bigger donations with greater ease than the French Catholic hospitals, so much so that certain francophone physicians complain that the institutions in which they worked were less well equipped and that a portion of the Catholic clientele received care in Protestant hospitals.]

The effects of having to seek out quality health care outside of one's own community had—if Daniel Lacasse's experience in *Bonheur d'occasion* is in any way indicative—a

⁹⁰ Québec, unlike other Canadian provinces, did not institute a system of fully funded, government-administered universal health care until 1971. Only then did Québec adopt a system of public insurance that drew from both federal and provincial funds. As a result, private funding (either from individuals or philanthropic organizations such as churches and private foundations) remained essential to providing consistent levels of service.

decidedly disorienting and humbling effect.⁹¹ These lingering differences, while significant, do not seem to carry enough weight to so drastically sicken the national paradigm via its literary texts. The disparities pointed out by Guérard and others nevertheless reveal that public health, like so many other aspects of life in Québec, was increasingly being seen as a question of inter-group dynamics. Like the example of Bonheur d'occasion makes plain, French Canadians in the urban settings of the late 1930s and '40s were being forced to see themselves in relation to other groups. Confronted with the limits of its resources, health related or otherwise, in comparison to those of another group, Québec's urban Francophone population was faced with a new reality that would have a transformative effect on French Canada as a nation and, I argue, on its illness narratives.

The move away from the countryside toward Québec's cities was the catalyst for the kind of comparison that could previously be avoided thanks to the impression that French and English Canadians lived in separate spheres. The 1920s, '30s, and '40s, however, brought an influx of French Canadians into Québec's cities from its rural areas. From 1921 to 1951, Québec City and Montreal ceded their places as Québec's only cities when the populations of five other towns exceeded 30 000 residents (Antil and Bluteau 81). While these initial demographic changes assuredly precipitated some short-term public health problems (particularly when unemployment was high and resources were in short supply), statistics show that the new urban residents were generally absorbed into the existing public health systems without significant incident. What the urban

⁹¹ The trend among hospitals has always been for services to be duplicated across linguistic and national groups. Anglophone hospitals would serve Anglo-Protestants, French and Catholic hospitals the French Canadians, and a handful of Jewish hospitals cared for the city's small Jewish population. This de facto segregation makes the cases where an individual is cared for in a hospital other than his or her "own," such as in Bonheur d'occasion and the Denys Arcand film Jésus de Montréal, notable.

migrations—particularly toward Montreal—did produce was a new social reality for many erstwhile isolated French Canadians. For the first time, French Canadians lived side by side with Anglophones, Jews, and other immigrants. For French Canadians unaccustomed to urban living, those who traded a struggling rural existence for an urban one that was equally (if not more) dire, the demographic shift likely heightened awareness of the differences separating them from other, better-off, groups.⁹² Comparing one group to the others made the shortfalls, including those concerning population health, all the more evident.⁹³

The gap in public health statistics, although narrowing, still garnered notice. The infant mortality rate, observes Denyse Baillageron, was the locus for most contemporary reflections on the public health problem that cut down ethnic lines. The high mortality rate was a source of shame for many French Canadians, including doctors and even some nationalists, like Marie Gérin-Lajoie, who remarked that the French Canadian babies “meurent dans des proportions qui nous rapprochent des barbares” [die in proportions that liken us to barbarians] (“Revanche” 123). Curiously, however, this self-deprecating sentiment went hand in hand with currents of nationalist thought, which still championed high birth rates as a way to assure the survival of the French language and culture (“Revanche” 115, 127). Reactionary nationalists, for instance, cloaked the French Canadian tradition of having large families—despite the adverse health effects for both

⁹² The glorification of the Québec countryside as a panacea for the ills of urban living (c.f. Bonheur d'occasion, Alexandre Chenevert, and, in later articulations, Denys Arcand's Les Invasions barbares) was more myth than reality. While the countryside often did not face the problems typical of urban overcrowding, the lack of public health infrastructure and overall lower standards of education meant that rural residents were more likely to be unvaccinated, drink contaminated milk, and have larger families.

⁹³ Public health reports from the time prioritized the ethno-linguistic over the geographic dispersion of residents in Montreal so much that the alarming figures for infant mortality among certain ethnic groups were subsequently used as the basis for targeting neighborhoods with high concentrations of residents of this background for infant-care home visits (Gaumer, Desrosiers, and Keel 126).

mothers and children—in healthful terms: “Cette ‘mentalité’ proprement canadienne-française, imprégnée de hautes valeurs spirituelles, paraissait plus saine, supérieure à la mentalité Anglophone” (“Revanche” 119-20) [This uniquely French Canadian ‘mentality,’ imbued with lofty spiritual values, appeared healthier, superior to the Anglophone mentality.] Thus whether the public health disparities were perceived as a source of shame or pride, they were taken into account as a way to distinguish French Canadians from those around them.

The public health disparities notwithstanding, the actual illnesses and poor vital statistics were far from the most obvious evidence of an unequal quality of life between French Canadians and other linguistic or ethno-national groups. Rates of unemployment, remuneration for those who had jobs, and displays of material wealth all pointed to the disparities between different ethno-linguistic communities.⁹⁴ Côté and Larouche argue that factors such as these (unemployment and underemployment, poverty, and the lack of traditional family structures) are all reliable predictors of higher rates of disease among populations.⁹⁵ For the Québécois of the day, these readily appreciable differences correlated not so much with actual disease, but rather with a pathologized inferiority complex. This is to say that the kinds of differences made clear when one found oneself living beside healthier, more affluent neighbors fostered the (admittedly accurate) perceptions of inequality. The large-scale awareness of these identities, I argue, proved sufficient to provoke the kind of collective inferiority complex that would manifest itself as rhetorical disease in Québec’s popular discourse. Gérin-Lajoie’s comments about the

⁹⁴ The highest-earning workers in Québec were unilingual Anglophones. The opulent homes of Westmount, Montreal’s traditional Anglophone enclave, were still regarded as the epitome of English Canadian economic dominance in Québec.

⁹⁵ Their study focuses on the regional socio-economic disparities within Québec from the 1970s onward to explain the higher rate of disease and illness in the rural areas of the province.

barbarism of a society that allows itself to have such a high infant mortality rate was but one in a series of opinions linking poor health, visibly lower standards of living, and inferiority. Doctors, Baillageron notes, saw in the infant mortality rate a reflection of “les préoccupations d’une société incertaine de son status, de son avenir et de sa capacité à relever les déficits de la ‘modernité’” (“Revanche” 121) [the preoccupations of a society uncertain of its status, of its future, and of its capacity to meet the challenges of ‘modernity’.] Dr. Raoul Masson, a pioneer of pediatrics in French Canada, made the link between perceived inferiority and medicalization explicit: “Quoique toujours il soit pénible de reconnaître un tort ou d’accuser une infériorité, il faut avoir le courage d’avouer le mal que l’on veut guérir” (6). [While it is always painful to recognize a fault or admit an inferiority, it is necessary to have the courage to acknowledge the disease one wishes to cure.]

Bodily difference and pathology, whether germane to the kinds of real disparities encountered or not, has long been used to signal perceived inferiority. “The idea of the pathological,” notes Sander Gilman, “is a central marker of difference” (23). Gilman supports this assertion by citing the stereotypes of Jewish men who menstruate, and physiognomic studies of African women to reveal how the dominant European discourse was constructed in such a way that it expressed in readily appreciable terms the assumed weakness of Jewish men and hyper-sexuality of African women. In a much more sweeping example of the practice of translating “inferiority” into bodily terms, imperialists used the pseudo-sciences of physiognomy and phrenology to justify colonialism. It was held, for instance, that the bodies of Africans belied inferior

intelligence and deviant sexuality, thereby justifying the “civilizing,” educational, and paternalistic aims of colonialism.

In Québec, these kinds of rationalizations were just as familiar and just as scientifically or anthropologically dubious as they were elsewhere. One important variation nevertheless separates the general practice of recasting perceived cultural inferiorities as disease or bodily difference from this process as it played out in Québec. In Québec, French Canadians, the pathologized people themselves, were largely responsible for articulating this kind of critique. Québécois critic Maurice Arguin, for instance, discusses the figure of “l’homme révolté” from Québec’s psychological novels in physiognomic terms, arguing that the self-loathing psyches of the characters are apparent in their ugly visages: “Au physique, le personnage est laid ou se croit tel, repoussant même, au mieux sans attrait” (143). [Physically, the character is ugly or believes himself to be so, hideous even, at best not attractive.] For Gilman, casting difference (and more specifically inferiority) in terms of pathology is a way to study the Other “as an idealized definition of the different” (27). For the self-pathologizing people of Québec, however, the turn to such stereotypes would seem to uphold their own medicalized inferiority as a morbidly idealized articulation of their difference from others.

By suggesting that the attribution of rhetorical disease was an internal process, I do not wish to imply that nobody besides French Canadians was taking notice of their lower standing in relation to that of other groups. The long history of race relations in the province, stretching all the way back to the Durham Report, is rife with British accusations of French Canadians’ cultural, national, and racial shortcomings. Even

outside Canada, French Canadians were the targets of strong eugenic discourse in places like New England, which had become home to roughly a million job-seeking emigrants from Québec in the early part of the Twentieth century.⁹⁶ French Canadians were nevertheless responsible for the lion's share of the pathologization of their difference. In the 1940s, they took it largely upon themselves cast their difference as disease, perhaps as caricature, but also perhaps in extension of existing ethnically or racially motivated bodily rhetoric. In assuming the critical role normally reserved for those outside the group in question, however, French Canadians find themselves in the curious position of articulating these damaging evaluations for themselves, thus making negative bodily difference a part of the national narrative. The disease-obsessed national paradigm that emerges in the 1940s is thus not one that is communal in that it faithfully reflects actual pathology. On the contrary, the medically motivated paradigm acts as an example of how to acknowledge, via the mediation of medical tropes, the social stratification that defined much of the relation between the Québécois and their national "Other." The engrained and pathological perception of inferiority, a trait that had become part of the national paradigm like language or folk culture, consequently attuned French Canadians to thinking of themselves as sick even when they were, on the whole, a healthy population. Explaining the sickening of the national paradigm therefore rests on understanding how, to return to Moss's words, being sick became—despite the disjunction between the communal and the exemplar posited in the illness narratives—an essential part of being in Québec.

⁹⁶ See Nancy Gallagher, Breeding Better Vermonters.

Charting The National Illness Narrative in Cité libre

The medicalized expression of problems that are neither bodily nor pathological in origin, such as the socio-economic disparities between French and English Canadians in Québec, permeates nearly every facet of Québec's public discourse in the mid-twentieth century. While novels provide the comprehensive examples in the form of allegories, their form is nowhere more succinct, their effect nowhere clearer than in political writing from the period. Cité libre, the Montréal-based, federalist, social-reformist political journal, provides a window into the evolution of Québec's pathologized inferiority complex. In tracing the development of this rhetoric and specifically the problems that were being cast in medical terms, it becomes possible to understand how Québec subtly moved its political discourse away from facile metaphors of sick nationhood at the same time as it diagnosed a more persistent, although arguably more serious problem within the national paradigm.

While political journals with a small circulation limited to a political and intellectual elite are rarely the kinds of texts that can have a sweeping effect on the national paradigm, historians of the Quiet Revolution (notably Michael Behiels) cite Cité libre's influence as something largely out of the ordinary. Published from 1950 to 1966, its editorial board and list of contributors reads like a who's who of Québec's liberal political and intellectual circles for the second half of the twentieth century. Pierre Trudeau and Gérard Pelletier, both tremendously important politicians for Québec and Canada, were the first co-editors. Pierre Vadboncoeur, Marcel Rioux, Léon Dion, Pierre Vallières, and Jean Pellerin were just some of the authors whose thoughts shaped not

only the journal, but also Québec's political landscape. The journal's mission was to highlight and open debate on the many problems and challenges facing Québec and, to a lesser extent, Canada. The state of Québec as a nation, crises in the province's various social institutions, and its political leadership were among the favorite topics discussed in its pages.

Like the novels of the period, Cité libre frequently had recourse to medical language and tropes. Indeed, scarcely an issue was published without some reference to a social or political problem couched in clinical terms. The list of conditions used to describe Québec and its issues, moreover, reads like the index to a medical textbook: cancer, anemia, infection, blindness, sclerosis, atrophy, sterility, leprosy, allergies, plague, asphyxia, germs, contagion, symptoms, paralysis, wounds, fever, anatomy, putrefaction, diagnosis, and treatments are just some of the medical notions evoked. The social and political essays nevertheless differ from the fiction of the time, for the writings in Cité libre make obvious reference to the problems they are addressing. They thus allow readers to know, rather than merely surmise from allegory or metaphor, the actual nature of the "maladies" that plague their nation. While the way in which medical language is used varies considerably from article to article, some deploying it as a fully developed metaphor, others fleetingly invoking a well-known disease, the pages of the periodical are rife with medicalized commentary on and constructions of the nation.

An initial survey of the sixteen-year run of the publication reveals an appropriation of clinical language that strongly favors sickness over any other lexical grouping within the medical realm. Negative or ailment-oriented references outnumber those focused on more positive aspects of the medical experience, such as health,

rehabilitation, or treatment, by a ratio of nearly five to one (98 to 18).⁹⁷ This decidedly pessimistic, if not altogether morbid, approach to political discourse would seem to insinuate that Québec is, at the least, suffering, and at the worst, fatally threatened by its myriad illnesses and diseases. Yet if there is anything to be gleaned from rereading the illness narrative and probing the actual state of health of the characters found therein, it is that medical discourse in Québec is seldom as morbid as it appears to be at first glance. Consequently, it is worth digging a little deeper into the political appropriations of clinical language to see whether diagnostic reading will indeed, or rather at last, reveal a national paradigm that is truly posited as sick.

Although Québec's political discourse is just as full of sickness and morbidity as its novels, it is often assumed that political discourse will be more positive in tone. "The prognosis," notes Sontag of the clearly identified sick political or social entity, "is always, in principle, optimistic. Society, by definition, never catches a fatal disease" (76). In never quite pronouncing society to be suffering from a terminal condition, politicians and other commentators, according to this logic, reserve the possibility for a cure that they, presumably, can supply if only given the power to do so. If *Cité libre* can on the whole be taken as a good example of this kind of political discourse, it nevertheless presents certain divergences from the key notions of, first, pointing out the problems with the old guard, and second, cautious confidence when it comes to society's prognosis.

⁹⁷ Negative references were tallied using mention of specific diseases or conditions (cancer, paralysis) or medical processes that are likely results of a diagnosis (amputation being the result of gangrene, autopsy a consequence of death). This category also includes vague references to sickness designated by the French terms *mal*, *maux*, and *maladie*. Symptoms (fever, atrophy) and references to diagnosis were also incorporated in this grouping. Only a few medical references, particularly those referring to the life cycle, could be described as neutral in tone. They were consequently excluded from the count. For a full list of the terms considered, see Appendix 1.

If, as Sontag theorizes, illness and disease metaphors are a way to communicate vehemence against an established political presence, it stands to reason that medicalized political rhetoric would be at its peak when dissatisfaction is greatest. Québec, however, diverges quite noticeably from this way of thinking. From 1950 to 1960, the years during which the much-maligned Union Nationale held the National Assembly in Québec, the medical tropes were sparser than at any other point in the liberal publication's history. Admittedly, at this time the journal was operating as a quarterly rather than as a more or less monthly magazine, so there was decidedly less content to reflect any one thematic or rhetorical preoccupation.⁹⁸ During this ten-year period, however, there were only 47 medical tropes dotting the pages of Cité libre. The two and a half years that correspond to the first Liberal government under Jean Lesage and the start of the Quiet Revolution, by contrast, garner an astounding 53 tropes. The final three and half years of the publication's run, the period in which many of the aims of the Quiet Revolution were actually carried out (1962-1966), show a still significant 33 medical tropes (particularly in light of the average number of tropes per year).

The Quiet Revolution is the stage at which the nation, its people, and its institutions are derided as being (most) wounded, paralyzed, anemic, infected, contagious, blind, amputated, and leprous. Given that Cité libre had spent the first ten years of its existence lambasting the Duplessis government and those who supported it, it stands to reason that this earlier time, and not that of the long-awaited Quiet Revolution, would be the one marked by the fervent language of pathology. Why then would the rhetoric of disease be most prominent at precisely the moment when the time of positive

⁹⁸ Starting in January 1960, Cité libre switched to a slightly larger format (with additional content pertaining mostly to the arts and culture) and went into a monthly publication schedule. The exception was the summer months, in which one issue was published for June/July and another for August/September.

change was upon them? I venture that the answer to this question, like that to the question of the sickening of the Québécois novel, rests not so much with the dearth or paucity of medical tropes, but rather with their more nuanced use. This use, moreover, changed as individual tropes took on new and significant inflections leading up to and during the 1960s.

Tracking rhetorical trends in a publication that spanned sixteen years and which had both regular and occasional contributors is an undertaking that, admittedly, flirts with generalization. Certain tendencies in the appropriation of clinical language nevertheless prove striking enough to merit attention. I will consequently first outline these movements, starting with the least complicated, and then return to them in turn so that they may be more thoroughly examined.

In the early run of the publication many of the articles that use medical tropes take aim at French Canadians as a people. Francophone Québécois in particular are criticized for being politically complacent, unworried by the undue influence accorded to the clergy, excessively cautious, and immature as a nation. As of roughly 1962, however, medical tropes are increasingly being used not so much to speak generally about the state of the nation, its people, or even its leaders, but rather to identify and address very specific problems such as racism, nuclear proliferation, and unemployment. While many of these more targeted issues affect Québec, they are not strictly problems with the province itself, nor with its status as a nation. Yet between these two more recognizable or distinct phases (or indeed poles) of the medicalized political discourse, the period from the late 1950s to the early 1960s, the clinical language changes in ways that subtly, albeit profoundly, alter the national paradigm.

The first of these changes during the intermediary period involved a rhetorical shift, which dissociated the nation (both as the abstract entity encompassed by the idea of the national paradigm and as a nation state) from its national authorities. This is to say that the nation as a construct or an idea was gradually being perceived as something separate from both the province's influential leaders and traditional authorities, and also from the specific problems or issues facing it. In part, this disconnection of the more narrowly political from the national owes to a rising tide of separatism and the debate it opened up about what it means to be a nation in both the theoretical and practical senses of the term. As a result, the object of the medical trope came increasingly to depend on the context of the article in a way that it had not before.

The second change in the rhetoric of disease revolves around the emergence of an overt, and frequently pathologized, discourse of victimhood or inferiority. While it has already been established that perceived inferiority will often be expressed in terms of biological difference or abnormality, Cité libre's contributors react quite aggressively to this kind of nineteenth-century thinking. They declare the association of perceived inferiority and disease, particularly as it is played out in Québec, to be a form of pathology in and of itself. It is in this key act of self-diagnosis that Cité libre creates an illness narrative from a series of largely unrelated metaphors, which are scattered throughout not only separate articles, but also throughout dozens of issues. Despite the diffuse origins and scattered "chapters" of this narrative of psychological illness, the journal's contributors provide both an explanation and a cure for the sickening of public discourse in Québec, whether in novels or in political writing.

Some of the first issues of Cité libre to deploy medical tropes did so in the broadest possible way. They indiscriminately labeled the people of Québec (and French Canada more generally) as sick in one way or another. The title of a 1953 article by Pierre Vadboncoeur, “Critique de notre psychologie du peuple” [Critique of Our People’s Psychology], speaks to just this kind of sweeping national criticism. In his text, which is first and foremost a psychological profile of a less than mentally healthy population, Vadboncoeur castigates French Canadians for their complacency. Despite the psychological implications of the title, the author’s use of medical tropes centers on physical impairments. He denounces popular nationalism as a kind of false panacea with dangerous side effects:

Quelle est cette assemblée de prudents détenant en grande partie hors d’usage sur le peuple, une sorte de représentation comme légitime du populaire? Représentation dont la conséquence est claire: elle paralyse le peuple. (21)

[What is this assemblage of cautious folk, who by and large hold over the people a representation of itself as the legitimately popular choice? A representation whose consequences are clear: it paralyzes the people.]

Recognizing the way in which traditional—often reactionary—nationalism corrupts by killing the desire for change among the people, Vadboncoeur turns to the idea of paralysis to express the stagnation that he characterizes as firmly entrenched within the national paradigm. In another article, “Pour une dynamique de notre culture” [Regarding the Dynamics of Our Culture], Vadboncoeur expounds even more succinctly on the torpor of French Canadian society and its character when he simply states, “Nous languissons d’une maladie mortelle du caractère” (19). [We are languishing of a terminal illness of character.] François Hertel, (in)famous for his voluntary exile to France as protest against the stifling cultural climate in Québec, also takes issue with the

psychological state of French Canadians in “Les évolutions de la mentalité au Canada Français” [Evolutions of the mindset in French Canada]. Critiquing the self-perpetuating mentality of collective immaturity by likening Québec to a late-blooming child only finally entering a quasi-precocious adolescence, Hertel looks for symptoms of this delayed development. He finds them in the national literature, which he describes as “quelques oeuvres exsangues” [a few bloodless works], which are “sans inspiration et sans vie” (49) [without inspiration and lifeless]. Both Vadboncoeur and Hertel translate what they perceive as psychological shortcomings on a national scale into physical conditions—paralysis, bloodlessness, and lifelessness—which represent extreme bodily failings.

While the concentration of medical tropes in these earliest years of the publication is decidedly less virulent than they are in later years, they converge around several themes. First, they connote stagnation, inertia, or a generalized lack of vitality. Neither contagions nor diseases per se, the conditions affecting French Canadians and their national mentality nevertheless make clear the dire situation facing the nation. Second, the pathological references typically come in the context of an article whose title could be crudely reduced to “What’s wrong with French Canadians?” Third, there is a definite implication, despite the generally assumed permanence of some of the conditions used as tropes, that whatever ails the nation is remediable. This conclusion is supported by the fact that eight of the forty-seven medical references from the earliest years of the publication connote positive or health oriented concepts, a higher percentage than at any other period in the journal’s history.

If the initial foray into medical tropes reveals sweeping and generalized problems, the final years of Cité libre's run are much more precise in their diagnoses. J.-G. Guay, for instance, takes aim at traditional nationalism, not just as an idea, but also in its continual thwarting of an effective left-wing political movement:

Dans cette province comme ailleurs, le microbe nationaliste reprend vie périodiquement dans son bouillon de culture qui est la crise économique. Il s'est agité et est devenu virulent dans les années '30 et il recommence actuellement à proliférer avec les malaises économiques croissants. Et dans les cas aigus le microbe nationaliste produit inévitablement dans le corps social le délire du fascisme sous une forme ou sous une autre. (22)

[In this province as elsewhere, the nationalist germ comes back to life periodically in the culture medium that is the economic crisis. It became restless and virulent in the 1930s and it is now starting to proliferate again with the growing economic ills. And in acute cases, the nationalist germ inevitably leads to the delirium of fascism, in one form or another, within the social body.]

Guay's illustration of the dangers of nationalism centers on the effects of this socio-political movement on the proper functioning of the body and the mind. Characterizing it as bacteria that cause delirium, Guay's explanation is rife with the language of medicine (les cas aigus, le corps, la virulence, les malaises) and bacteriology (le microbe, le bouillon de culture). He delves into the etiology of the disease (a germ), the conditions leading to flare ups (unfavorable economic conditions,) and the nature of these acute episodes (fascist-like delirium).

The medical references, even when particular problems and specific diagnoses are at issue, are, however, rarely as developed as the ones that Guay puts forth. In "La liberté des autres..." [The Liberty of Others...], an article about the deplorable state of Québec's penal system, Bruno Cormier goes back to the familiar pairing of symptoms and diagnosis: "Bordeaux [a jail in Québec] est un symptôme d'une pathologie sociale grave.

Quel est le diagnostique? Nous n'avons jamais eu dans notre province de philosophie pénale..." (3). [Bordeaux is a symptom of a grave social pathology. What is the diagnosis? We have never in our province had a penal philosophy.] Another article on senate reform accuses the Canadian economy of suffering from anemia and the process for constitutional change of being "paralysé au départ" (Morin 11) [paralyzed from the outset]. A 1966 article analyzing the reasons for the defeat of the Lesage liberals is simply titled "Autopsie du 5 juin" [Autopsy of June the 5th] (Pellerin and Rossinger), which implies that something or somebody died when the Union nationale regained power in the provincial election, and moreover, that there is now a political cadaver that can be dissected to reveal the cause of death. So fleeting are some of the medical references that they are used as subheadings and then all allusions to the clinical setting and vocabulary are abandoned. For instance, Jean Pellerin's "Les USA achètent le Canada avec notre propre argent" [The USA is Buying Canada With Our Own Money] includes a subheading, which reads, "Aux grands maux, les grands remèdes" [Strong Medicine for Severe Ills]. Although the subheading suggests that there will be a more developed metaphor, akin to the one that Guay puts forth, Pellerin never again mentions the ailments or the remedies that are the metaphors that supposedly structure his argument.

Some of these later forays into the realm of the medical were not just abrupt, but also misleading. Roland Parenteau, for instance, titles his 1960 article on unemployment "La peste noire du XXe siècle" [The Black Death of the Twentieth Century]. While seemingly straightforward, in that Parenteau equates unemployment with the Black Death, a devastating epidemic that changed nearly every facet of life in Medieval and

Early Modern Europe, the article begins with a puzzling contradiction: “Le chômage, puisqu’il faut l’appeler par son nom, c’est un peu comme certaines maladies contagieuses de l’enfance” (17) [Unemployment, since we must call it by its name, is a bit like some contagious childhood illnesses]. Undoubtedly, childhood illnesses are traumatic events that can (and did) have dire consequences for a certain percentage of those affected. Still, it seems overstated to imply that the likes of the chicken pox are in any way analogous to the horrors of the bubonic plague.

While often more cursory in their appropriation of medical metaphors in the later years of the publications, contributors nevertheless mustered them to a much more pointed and (a few exceptions notwithstanding) effective use. The greatest number of references to specific diagnoses or medical conditions came in the 1960s. The specificity of disease (as opposed to vaguely medical) tropes at this time suggests that the diagnoses became much more accurate or precise as the people in Québec grew increasingly willing (and indeed felt the need) to look critically at their society. No longer content to assign generalized blame to the usual suspects of nationalists and clerics, political writers were at last engaged in the often painful process of self-reflection necessary to initiate the change they could finally enact.

This change in attitude and, moreover, the recognition of the need for this kind of adjustment, were widespread. In December of 1960 an anonymous letter writer (identified only by the initials G. C.) reminded Cité libre’s editors and contributors of their preeminent role in shaping not just the diagnostic socio-political discourse, but also the policies, the remedies, that would trickle down from the shifting currents of public opinion:

On éprouve un malaise: vite on accuse la glande qu'on sait la moins solide, la plus vulnérable, car si c'était un autre—ça pourrait être vraiment grave. Et il ne faut pas...que ce soit vraiment grave, grave au delà des risques qu'on peut raisonnablement assumer. Ainsi le diagnostic est-il conditionné par le courage (ou le manque de courage) du médecin.... Intellectuels, vous êtes les médecins de cette nation (7-8).

[We fall ill: quickly we blame the gland that we know to be the least reliable, for if it were another one it could truly be serious. And it must not...be truly be serious, not beyond the risks that can be reasonably accepted. The diagnosis therefore depends on the courage (or of the lack thereof) of the physician.... Intellectuals, you are the physicians of this nation.]

G. C. warns the public intellectuals, the ones who publish in Cité libre, to be thorough in their diagnoses so that the real problems of nation (unemployment, the dominance of foreign capital, immigration policy, health care...) do not go unnoticed and untreated for the sake of indulging the pet diagnoses of clericalism and nationalism. By chiding those whom he identifies as the nation's doctors, the author recognizes the Citélibristes as arbiters of a significant portion of the public agenda, all the while investing them with that same power. Recognizing the critical nature of this particular moment in Québec's history, G. C. implores the intellectuals/doctors to be as specific and unafraid in their diagnoses as possible, for whether the ailment is trivial or serious, it stands no hope of being cured unless it is properly diagnosed.

G. C.'s plea for the precise identification of the nation's problems—just like Dr. Masson's—highlights the importance of proper diagnosis, particularly at this crucial time in Québec's history. The moment for change was upon them, but if the real problems could not be identified, they could not be treated. This sentiment may help to explain the fervor for diagnosis that arises in the clinical tropes from the first years of the Quiet Revolution. (Of the nine explicit references to “le diagnostic” or “diagnostiquer” that

occur in the run of Cité libre, seven of them occur between 1960 and 1962.) The emphasis on diagnosis, and not simply the realization that problems are present, moreover suggests that the core issue is not the sickening of the national paradigm, as the proliferation of medical tropes might imply, but rather identifying and explaining existing problems.

The primacy of diagnosis during the most critical and potential-filled period of the publication's run can hardly be considered surprising. Scientific medicine prioritizes diagnosis as the gateway to cure and makes the identification of the disease or the named disease itself central to clinical practice and to medicine as an institution. The political use of clinical tropes tends to uphold the dominance of diagnosis in medicine and supports its function as the necessary precursor to cure. The diagnostic turn in the political discourse, even amid a sharp increase in the overall number of medical metaphors, can thus be read as a preliminary therapeutic measure for the wide variety of national ills.

This strong emphasis on diagnosis early on in the Quiet Revolution is, somewhat predictably given the institutionalized medical process, followed by a period rich with tropes of treatment and remedies. The years of the second Lesage mandate saw six such references in a mere three and a half years, only one less than the raw number from the decade preceding Lesage's taking office. The raw numbers nevertheless fail to give a truly accurate impression of the magnitude of this curative turn, for in this shorter period with fewer overall tropes, the six that are overtly therapeutic represent a proportionally more optimistic attitude. This shift in orientation, from the identification to the elimination of problems, during even this later part of the journal's history is indicative of

more than just changing attitudes in Québec. Acknowledging the change in tone illustrates just how difficult it is to consider the presence or absence of the language of medicine or even pathology as the primary indicator of the national paradigm's implied health or sickness.

To recap, the earliest medical tropes in Cité libre are sweepingly national in scope, even though what was meant by "nation" was far from certain. The publication's later appropriations of clinical language were much more pointedly diagnostic and treatment-oriented. It is nevertheless the second, transitional phase in Cité libre's use of medical tropes that is the most complex and salient to the task of explaining the general sickening of public discourse and the national paradigm in mid-century Québec.

One of the most important developments during this intermediate period was a large-scale acknowledgement of the exemplary function of national paradigm. Specifically the contributors signaled to readers the disproportionate influence of national leadership in shaping how the nation is run and, moreover, in determining a national pedagogy. The discourse of pathology that identified problems therefore focused on the traditional leaders and nationalists and denounced them as the sources of contagion for Québec's various national ills. The recurring notion that French Canadians should perceive themselves as weak, oppressed, or otherwise not as well off as their English Canadian counterparts was a favorite target of the Cité libre writers. They made it clear that they resented the rhetoric on its own merits or lack thereof but derided it even more for its use as a spur for nationalist backlash against the influence of the English and immigrants in Québec. In detailing the problematic manner in which the national discourse of pathology was posited as an exemplary facet of or model for the national

paradigm, however, Cité libre turns the language of perceived inferiority and victimhood back on itself. In so doing, the journal's contributors create a case history—an illness narrative—of a nation plagued by its own pathological self-perception.

The process of simultaneously positing and deconstructing the national illness narrative began, in predictable diagnostic fashion, by conceding that the national paradigm was in some way abnormal. While not immediately recognizable as a problem, the victim-driven nature of much of the public discourse in Québec, the same one that posits the national paradigm, was quietly garnering notice. Jeanne Lapointe's 1954 literary commentary, "Quelques apports positives de notre littérature d'imagination" [A Few Positive Contributions from Our Creative Writing], for example, frames contemporary Québécois literature as one showing signs of the nation's vitality, somewhat ironically, via grittier and more realistic representations of the nation. One such abnormality, observes Lapointe, is the preponderance of victims in the national literature:

Il est intéressant aussi que tant de héros de nos romans soient des personnages de victimes: victimes de la conquête, victimes d'un pays dur, victimes du compatriote anglais, victimes de la pauvreté et de la guerre, victimes de la depression, victimes d'une bourgeoisie peu sensible. (23)

[It is also interesting that so many of the heroes in our novels are victimized characters: victims of the conquest, victims of a harsh land, victims of the English countryman, victims of poverty and of war, victims of the Depression, victims of an uncaring bourgeoisie.]

It would seem that Lapointe lists just about every hardship turned victimhood other than illness and disease to befall Québec's literary characters. This notable exception notwithstanding, she argues that these victims constitute a positive sign, a "connaissance moins idéalisée de nous-mêmes [qui] devient la condition même de notre épanouissement

concret” (17) [a less idealized knowledge of ourselves, which becomes the very condition of our real development]. While the role of victim is generally far from one of “idealized” self-representation, and thus in Lapointe’s opinion, a sign of national vitality, the identification of so many victims itself becomes a therapeutic act. Insofar as curing a problem first requires it to be recognized, Lapointe’s remarks may be seen as the necessary first step toward diagnosing the national ill. Thus while Lapointe’s assessment of the victims’s significance for the national paradigm proves radically different than that of those who will subsequently take up the issue, she was among of the first to draw attention to Québécois literature’s “epidemic” of victims.

If Lapointe finds that literary victims foster the successful development of the national paradigm, Jean Le Moyne ascribes to their real-world counterparts, as defined by events and historical agents in Québec, a far more pessimistic role. In “L’atmosphère religieuse au Canada Français” [The Religious Atmosphere in French Canada], Le Moyne equates the nation’s psychological proclivities with pathology. By likening problematic mentalities to clearly recognizable pathologies, he effectively—and explicitly—diagnoses the nation with a problem: an excess of Catholic guilt. Unlike earlier medical tropes in the tradition of “what’s wrong with French Canadians,” Le Moyne identifies the source of the pathological guilt as one would trace the etiology of a disease. He accuses the nation of having contracted “la contagion de la culpabilité” (12) [the contagion of culpability] from a church “infecte de culpabilité jusqu’au sources de l’être” (7) [infected with culpability to the core of its being]. The pervasiveness of this inculcated Catholic guilt has initiated a “paralysie pour la belle jeunesse” [paralysis for the bright youths], which consequently arrests the normal impetus for change in a given

society (7). Le Moyne, moreover, teases out the specific ways in which the Church infects the national paradigm:

Notre morale est naïve comme un symptôme: la hantise sexuelle et l'obsession compensatrice de l'autorité que nous rencontrons ici nous situent en pleine psychopathologie. Nous ne mourons pas tous, mais nous sommes tous frappés. Des malades paissent des malades. Des victimes engendrent des victimes. (9)

[Our moral philosophy is so naïve that is a symptom: the obsessive fear of sexuality and the compensating obsession with authority that one finds here lands us in full psychopathology. Not all of us will die, but we are all affected. The ill feed upon the ill. Victims bring about more victims.]

According to Le Moyne, the priestly obsession with repressing sexuality has created a veritable psychological problem, which has crept over into the physical realm. In saying that everyone is affected by the problem that he alternately terms an infection (7), a contamination (7), a contagion (12), a sickness (12), and an amputating force (13), Le Moyne retains the kind of blanket statements about French Canadian society typical of earlier articles. Still, he pushes his readers to recognize that the fault for the widespread problems can be traced back to the contaminating Church.

The most notable facet of Le Moyne's anti-clerical invective, however, is neither his use of medical metaphors, nor his targeting of the clerics and their practice of fostering guilt. Rather, Le Moyne's article is notable because he insists on the self-perpetuating and epidemic nature of the clerically induced national illness. He cites the authority of the clergy as that which initiates a seemingly irreversible process, which culminates in the population infecting itself, even removed from direct clerical influence. In following up on his prognosis (death to some and disease for all) with two terse and equally pessimistic statements about the contagious nature and effects of the national

illness, Le Moyne exposes the process by which the exemplary aspects of Québec's national paradigm so seamlessly become its communal characteristics.

Léon Dion takes a similarly accusatory stance toward nationalists, namely the emerging generation of historians he dubs neo-nationalists, in "Le nationalisme pessimiste: Sa source, sa signification, sa validité" [Pessimistic Nationalism: Its Source, Its Significance, Its Validity]. Dion's argument is that the exemplary national paradigm, and in turn the society that it posits, has become so pessimistic that even positive signs are cast as problems and indications of national failing:

La relative prospérité économique et l'essor culturel lui-même représentent, du point de vue néo-nationaliste, des symptômes certains de déperdition du caractère canadien-français. (7)

[The relative economic prosperity and the blossoming of culture represent, from the neo-nationalist point of view, sure symptoms of the loss of French Canadian character.]

Casting economic success and cultural ascendancy as symptoms of a disease affecting the very core of French Canadian being, Dion implies that nationalists have confused signs of health and pathological symptoms.⁹⁹ The national paradigm has consequently developed in a manner characterized by defensive responses to any change, even those resulting in or from improvements to French Canada's economic fortunes or its burgeoning culture.¹⁰⁰ The pathological inflection neo-nationalists give to any movement out of the subaltern position they have declared Québec to be in has the paradoxical effect of labeling symptom that which denotes neither objective abnormality, nor deficiency, but

⁹⁹ It is certainly possible to view Lapointe's heralding of victims as part of the pessimistic neo-nationalist current that Dion rails against.

¹⁰⁰ The corollary to this negative valuation of positive traits is, unsurprisingly, the lauding of negative or outdated traits such as an agriculturalism that has proven unsustainable for anything beyond subsistence family farming.

rather normal and positive growth. Critiquing this kind of thinking, Dion falls just short of categorizing Québec as a hypochondriacal society, its leaders the most insistent of the malades imaginaires.

From the “fake” symptoms that Dion identifies nevertheless flows a problem that menaces not only the health, but indeed the very survival of the nation:

Le tragique de la position néo-nationaliste résulte d’une incapacité de découvrir une alternative au dilemme insoluble dans lequel ils s’enferment: ou bien un national complet dans le sens de la perspective séculière ou bien l’état d’infériorité permanente sinon la disparition éventuelle du groupe ethnique canadien-français. (14)

[The tragedy of the neo-nationalist position issues from an inability to discover an alternative to the unsolvable dilemma into which they have locked themselves: either a full nation in the secular sense of the word or a permanent state of inferiority, the alternative being the eventual disappearance of the French Canadian ethnicity.]

Neo-nationalists, explains Dion, have framed the debate about French Canadian identity in such a way that anything short of a radical redefinition of the national paradigm, independence for Québec, relegates French Canadians to a perpetual state of inferiority. Given that the neo-nationalist ideal of a sovereign Québec was at the time (and arguably still is) out of reach, the de facto state of affairs in Québec is to see the nation as suffering from an inferiority complex that keeps the death of the nation at bay. It is thus that Québec’s national hypochondria becomes a veritable psychological illness, which according to nationalist rhetoric, sustains the nation, albeit in a weakened state. The pathology of the inferiority complex, no matter how contested or arbitrary it may be, consequently becomes (at least according to neo-nationalists) the practical way for French Canadians to survive. The myth of French Canadian fatal inferiority, which could only end in assimilation, moreover spurred neo-nationalist campaigns for independence,

for it provided the impetus of a credible threat to Québec's national paradigm. Dion is nonetheless quick to point out that this kind of fatalism can, contrary to nationalist rhetoric of new beginnings, only perpetuate stagnation:

Partout [on trouve] des problèmes “fondamentaux” et des secteurs de “crise.” Rien d’anormal à ce qu’il en soit de même pour le groupe Canadien français. L’anormal serait que celui-ci voit dans la conquête de 1760 une cause irremédiable de sa situation et que croyant réaliser l’inutilité de toute recherche de solutions, il attende la mort. (18)

[Everywhere [we find] “fundamental” problems and areas of “crisis.” Nothing unusual there for French Canadians. Unusual would be for them to see in the Conquest of 1760 an irremediable cause of its situation, and that thinking they had reached the point of futility in all their searches for a solution, waited for death.]

The inferiority complex, Dion remarks, becomes not a spur to action and reform, as neo-nationalists had hoped, but rather a terminal prognosis that has been hanging over Québec for nearly 200 years.

While Dion hints at the pathological nature of the inferiority complex, Gérard Pelletier targets it outright in “Réflexions sur l'état de siege (de Jean Desprez à M. Duplessis)” [Reflections of the State of Siege (from Jean Desprez to M. Duplessis).] This article unwaveringly denounces the idea of the French Canadian as the long-suffering victim by turning the classic tropes of inferiority—bodily difference and pathology—back upon the inferiority complex itself. Pelletier, somewhat mockingly, takes aim at the so-called siege mentality or the ethos of inferiority that French Canadians, and their nationalist politicians in particular, have cultivated. He argues that French Canadians, following the lead of people like Duplessis, have so inured themselves of their perpetual victimhood that they can no longer see that it is not their deficiencies vis-à-vis English

Canadians that threaten to undermine the national paradigm, but rather their clinging to their the post-conquest siege mentality:

Nous ne sommes, en gros, ni plus bêtes ni plus intelligents, ni plus malades ni plus sains que les autres groupes humains de notre entourage. Il faut toutefois admettre que nous ne sommes guères rassurés sur notre sort collectif et que de là vient une grande part de notre mal. (34)

[We are, by and large, neither stupider nor more intelligent, neither sicker nor healthier than the other groups of people around us. One must nevertheless admit that we are hardly reassured of our collective fate, and from this issues a great deal of our [difficulties/disease/pain].]

In moving from the idea of advancement being a sign of some national ill to the notion that Québec's persistent embrace of its inferiority constitutes a pathology (un mal) in and of itself, Pelletier at once rejects the idea of a terminally sick nation and enshrines a new diagnosis, one that is meant to be a wake-up call.

Sociologist Marcel Rioux goes even further than Pelletier does in pathologizing this inferiority complex. Instead of likening it to a vague illness, an unnamed disease, or a pain, he provocatively compares the inculcated French Canadian psychological ailment to missing limbs and leprosy:

Si l'on veut comparer l'état du minoritaire à celui de l'unijambiste chez qui ce manque d'être obnubile toute la personnalité au point qu'il envisage tout sous l'aspect de l'unijambisme, peut-on dire que le Canadien se pense ainsi? On se pose la question au sujet de l'ensemble des C.F. et non pas seulement à propos des professionnels du complexe d'infériorité, à ceux qui en sont maladivement les victimes, qui le propagent et le sèment comme la lèpre. ("Idéologie" 21)¹⁰¹

[Should we compare the state of the minority to that of the one-legged man for whom his lack becomes the obsession of his entire personality, to

¹⁰¹ While Rioux denounces the inferiority complex as limiting to those living within Québec, he fully acknowledges the utility of this complex for those living outside the province's borders, where they are inherently minorities: "Il ne semble pas que le Québécois souffre indûment d'infériorité ni qu'il soit exagérément nationaliste; il est vrai que certaines minorités, de langue française qui vivent en dehors du Québec semblent atteintes de ce complexe d'infériorité, que leur élite entretient sagement afin de les garder catholiques et françaises" (21).

the point that he sees all through the lens his one-leggedness? Can we say that the [French] Canadian sees himself in the same way? We ask ourselves the question about all F.C.s and not just about the professionals of the inferiority complex. [We ask it] about those who are its sickly victims, who propagate it and spread it like leprosy.]

Rioux, like Le Moyne, distinguishes between the “professional” disseminators of the inferiority complex, the clerico-conservatives and neo-nationalists, and its victims who cannot help but spread it to others. Separating the average “sick” person from the vocal proponents of the inferiority complex, those who knowingly infect others, allows Rioux to salvage an overall healthy diagnosis for the French Canadian population. In this way Rioux distinguishes his views from those made known in earlier articles, which confounded the infectious agent and the body infected in their desire to make the need for cure apparent.

While many contemporary Québécois would (and often do) dispute the idea that they suffered from an inferiority complex, the pages of Cité libre constantly exhorted French Canadians to, first, recognize and, subsequently, abandon their attachment to this problematic attitude. The sheer amount of ink the journal dedicated to the topics of victimhood and inferiority complexes itself lends some credence to the idea that these issues were indeed a problem in mid-century Québec. The rationale that postulates the sickness of Québec’s national paradigm, after all, similarly assumes that the number of cases of literary disease justifies pronouncing the nation sick. By the same logic, insisting upon Québec’s national inferiority complex would ensconce this problem as part of the national paradigm. That the matter of dwelling upon of one’s own inferiority was so frequently characterized as pathology only reinforces the idea that victimhood was a cause for concern. When such depictions had recourse to alarming metaphors of physical

ailments, as they so often did, the need for urgent remedial action was made even more apparent.

The cure that the appropriation of pathological rhetoric deemed much needed also found its way into Cité libre's handling of the inferiority complex. Just as using the journal as a platform to diagnose the various social and economic problems in the early years of the Quiet Revolution was thought to facilitate their eventual cure, fully exposing the national ill of the inferiority complex was believed to be the first step toward remedying it. Yerri Kempf, a recent immigrant to Montréal, expounds this theory in "Comment peut-on être Canadien français?" [How Can One Be French Canadian?]. Citing Freud's view that trauma must be acknowledged before it can be overcome, Kempf argues that Québec's youth is poised to acknowledge their collective inferiority complex as just such a trauma:

Cette prise de conscience qui libère le Psyché québécoise des effets paralysants du passé, permet une réévaluation de nos possibilités et nous projette fougueusement en avant. Il ne s'agit, ni plus ni moins, d'une mutation du complexe d'infériorité qui motive en profondeur ce changement d'attitude. (25)

[This awakening that liberates the Québécois psyche from the paralyzing effects of the past allows for a reevaluation of our options and propels us enthusiastically forward. It consists, neither more nor less, of a mutation of the inferiority complex, which motivates this profound change of attitude.]

Kempf's position, despite his neo-Canadian status, is nearly identical to that espoused by the likes of Rioux and Pelletier, and more pointedly, to the language that physicians used to talk about Québec's actual public health crises. Indeed, Kempf seems to push the idea a bit further than his Cité libre co-contributors, for he actually contends that the paralysis of the past not only can be, but also is being reversed by the acute change in attitude in

Québec. The simple act of looking critically at one's society and one's role therein is, according to these thinkers, the single most important step in the evolution of national paradigm away from unhealthy, paralyzing, notions of victimhood.

The difficulty of Kempf's optimistic and therapeutic position, however, rests on the fact that public acknowledgement of the inferiority complex (for instance in the pages of Cité libre), which is the key to cure, can easily be confused with the diagnosis of a new problem, plain and simple. This is to say that talking about the inferiority complex in pathological terms, while ostensibly the first step toward eliminating it, also draws attention to it and suggests, particularly to those unfamiliar with the issue, that a new national crisis had emerged. It is thus that the "new" problem of the inferiority complex decried in Québec's liberal, federalist circles could easily be—and in fact often was—taken as a signal of a sickening national paradigm rather than the overdue acknowledgement of an existing problem. Yet, the Citélibristes used the rhetoric of pathology to awaken people to the fact that they had not developed an illness, but had rather been "sick" all along. For only when the nation acknowledged its compromised position would it seek to remedy it. Forcing such an admission nonetheless required the use of drastic medical tropes to lend a sense of urgency to recognizing and fixing the problem. When adding the figurative language of physical disease doubles the national "psycho-" pathology, the texts that posit the national paradigm seem to foster (instead of dispel) the notion that the nation is sickening rather than healing. The ultimately curative valence of the illness narrative dealing with Québec's inferiority complex consequently seems to have been overshadowed by the more obvious language of pathology. In taking a curative approach to the national paradigm, the journal's contributors attempted to

overtly re-appropriate the paradigm's exemplary function. They replaced the example they thought fraught with self-stigmatization with a more positive version. Unlike with the previous articulation of this exemplary function, however, the Citélibristes found their vision of the national paradigm coming into conflict with both existing exemplary values and the communal adoption of these expressions of sick nationhood, the "idealized" expression of French Canadian difference.

For perhaps the first time since the Conquest, French Canadians were experiencing the dissonance between the exemplary and communal functions of the national paradigm. They had been told that they were (or rather should be) a nation of rural Catholics steeped in the myths of agricultural messianism and the adventurous coureur des bois. They were nonetheless coming to acknowledge themselves as urban weworkers in what were still mostly Anglo-American controlled industries. This discrepancy between the exemplary and communal articulation of the national paradigm attested to the fact that they were not living up to the doctrinaire image of "idealized," sick Other to English Canadians that both traditional and neo-nationalists had enshrined as content of the national paradigm. The paradigm consequently fell sick because French Canadians pathologized their own inferiority vis-à-vis the English, but also because they had deviated from the romanticized, exemplary understanding of themselves upheld by Québec's erstwhile national authorities. Québec's national sickness is therefore the result of translating difference, whether it be the difference between groups or that which separates "old" and "new" versions of the national paradigm, into pathology.

The medicalization of difference tends to occur when national, social, and political shifts bring groups into contact with one another, causing them to redefine

themselves in relation to this new Other. The discursive turn to pathology following the kinds of changes that occurred in Québec, the kind that both Gramsci and Jameson credit with giving rise to morbid symptoms and clinical tropes, is a familiar scenario. The rise of eugenics in English Canada, postulates Normandin, issued from greater class-consciousness among members of the urban upper and middle classes subsequent to influxes of immigrants and rural populations (79).¹⁰² Pierre Trudeau also upholds the theory that closer relationships between French and English Canadians in Québec's cities indirectly encouraged pathologization, which in turn led to the French Canadian inferiority complex. Admittedly Trudeau takes a slightly different tack than many others, for he argues that the French Canadian inferiority coincides and issues (at least in part) from an English Canadian sense of superiority: "Le sentiment de supériorité ne s'est jamais dédit et n'a jamais cessé de caractériser l'attitude des Canadiens de langue anglaise vis-à-vis les Canadiens français" ("Trahison" 8). [The feeling of superiority has never abated and has never ceased to characterize the attitude of English speaking Canadians toward French Canadians].¹⁰³ Brought into daily contact with what he labels as Anglophone arrogance, French Canadians eventually internalized their relative and ascribed inferior role.

The direct comparisons of national groups in Québec, while in some senses fostering the pathological inferiority complex, could nonetheless be used to undermine it in others. André Lefebvre and Jacques Tremblay, for instance, mirror the process of

¹⁰² French Canadians would only start to engage with the principles behind eugenics after the Quiet Revolution had created a small but growing middle class, one that participated in the kind of class politics seen much earlier among English Canadians.

¹⁰³ Trudeau also parrots part of this Anglophone superiority complex as a biological difference as well, arguing that the reason they will not speak French even though they live in Québec is because "leur mâchoire et leurs oreilles ne sont pas ainsi faites qu'elles puissent s'adapter au français" ("Trahison" 8) [their jaws and their ears are not made in a way that allows them to adapt to French].

making national pathology therapeutic for the national paradigm by rehabilitating the negative stereotypes that underlay the perceived inferiority (and thus pathology) of French Canadians in relation to their English countrymen:

Il faut rappeler cela d'abord. L'infériorité du peuple français d'Amérique, ce n'est pas son esprit d'artiste, son dédain des choses matérielles, sa turbulence de latin; ce n'est pas son inhabileté commerciale, son incompetence industrielle, son ignorance du système parlementaire britannique. (7)

[One must first remember this. The inferiority of the French people in North America, it is not their artistic spirit, their disdain of material things, their Latin unrest; it is not their commercial ineptitude, their industrial incompetence, their ignorance of the British parliamentary system.]

Countering the stereotypical ideas that French Canadians are inherently incapable of closing the gaps between them and more prosperous and established groups, Lefebvre and Tremblay begin to parse the imputed biological basis for the inferiority complex from the situational elements that give rise to it. Like Pelletier, they refuse the hypothesis that the French Canadian inferiority is rooted in some “objective” criteria like intelligence or health. Lefebvre and Tremblay, moreover, bring the national illness narrative to a close by taking what is perhaps the final step necessary to thoroughly put the inferiority complex that French Canadians have created for themselves into remission. Their article exposes pathologized difference for precisely what it is: a social process that has been played out time and again to rationalize disparities between groups:

Mais la vérité est tout autre. “Les différences de développement et de comportement sont le résultat des conditions de vie (matérielles et sociologiques) où se sont trouvés placés les groupes humains, et non d'une prétendue infériorité biologique. Les traits de caractère que les racistes reprochent aux noirs, par exemple, sont exactement ceux qu'on reprochait

aux prolétaires d'Europe, il y a cinquante ans: paresseux, imprévoyants, menteurs, etc.” (9)¹⁰⁴

[But the truth is something else. “The developmental and behavioral differences are the result of the material and sociological conditions of the locales in which groups of people find themselves, and not of a supposed biological inferiority. The character traits that racists hold against blacks, for example, are exactly those that we held against the European proletariat fifty years ago: lazy, silly, dishonest, etc.”]

Taking a didactic tone, Lefebvre and Tremblay seek to demystify the kind of racist and essentialist thinking that has taken hold of French Canadians since they have found themselves living under different conditions in new (urban) locales. That they must denounce such a mentality, one that issues largely from within the French Canadian population itself, is an irony that largely escapes mention.

Lefebvre and Tremblay's very direct explanation may nevertheless be taken as a sign that the inferiority complex is a pathology that is beginning to subside. It is no longer discussed, as it was in the mid to late 1950s, via the mediation of medicalized tropes, which call attention to it as a harmful phenomenon. Nor is dealt with as it was in the early 1960s, when it is portrayed as a national illness that has finally been acknowledged, thus facilitating treatment. Rather, the analogues and allusions to the body and medicine are unequivocally eschewed as direct discussion of the matter removes the need for euphemisms. The means for cure that Kempf had described were, it seems, finally coming about: people were taking note of their self-imposed limitations and seeking to move beyond them. Just as strong language about inferiority and victimhood brought attention to and directed resources toward the crises of infant mortality, tuberculosis, and other public health concerns in Québec, the language of

¹⁰⁴ Lefebvre and Tremblay's cite work by an author identified only as M. Duverger. This work is problematically untraceable, the article providing neither notes, nor references to the original source in the text.

pathology in turn thrust the problems of inferiority and victimhood into the spotlight.

This attention allowed the problem to be acknowledged for what it was and eventually the sensational premises of leprosy, paralysis and other ailments could be discarded.

Once this happened, the treatment was begun.

The rhetorical shift away from medical language, which unexpectedly (although quite fully) diagnoses or explains the nature of the national ill, however, is only exposed once this disease is forced into remission by the illness narrative itself. Shown to be a narrative of cure that not only heals the national paradigm, but also reveals that the diagnosis was self-generated, the etiology, an internalization of stereotypes that it had generated against itself, the illness narrative consequently becomes the means by which this national paradigm can be reclaimed as healthy. At this critical juncture, where the new exemplary and even newer communal aspects of the national paradigm can start to be reconciled, the allegory of reading presents itself. The allegory shows not only how the illness narrative can be therapeutic, but actually rehabilitates the national paradigm being posited. It does so by insisting that readers consider the nation positing texts not just with an eye to pathology, but instead in a truly diagnostic manner. By compelling readings that reframe the medical tropes as indicators of a curable pathology—one that is alleviated by the very act of recognizing the abundance of tropes as symptoms—Québec's medical allegories and its "sick" national paradigm come full circle.

Epilogue

When the contributors to Cité libre turned to medical tropes, they did so in order to draw attention to the problems within the French Canadian national paradigm. Their collectively authored illness narrative centers on an inferiority complex and openly rejects generalized assumptions about the problematic nature of Québec and its people. Their diagnosis focuses instead on the localizable—and frequently remediable—issues that had caused disruption within Québec and its national paradigm. By using the language of pathology to undermine rather than reinforce the notion that there is something fundamentally wrong within the national paradigm, Cité libre self-consciously interrogates its own use of medical tropes. The political journal’s illness narrative thus deliberately turns the “contradictions” of the medicalized allegory of reading from the fictional illness narratives into a discursive therapy for the underlying issues facing Québec.

By consciously questioning the role of the illness narrative, one of Québec’s most common ways to register dissatisfaction with or uncertainty over its own national paradigm, the contributors to Cité libre follow the lead of literary authors. Their appropriation and refashioning of the illness narrative nevertheless sets an example for critics seeking to give meaning to illness narratives. Although Cité libre and the larger political (and indeed fictional) discourses have been successful in recognizing (or at least playing with) the medico-national trope as inherently diagnostic and therapeutic, Québec’s literary and cultural critics have largely ignored the duality of these tropes.

While I have linked this oversight to nationalist rhetoric and a certain investment in a pathological national ethos, the motivation for the strictly diagnostic allegorical readings of Québec's illness narratives, in spite of Cité libre's obviously questioning example, remains rather obscure.

One possible explanation for the resistance to using the inferiority complex in Cité libre as a model for reading illness narratives is the fact that this revealing diagnosis was in many senses transitory and therefore did not need to be probed for its inherent therapeutic value. The socio-economic disparities that precipitated the medicalized self-representations had diminished by the time that most critics began to look back upon the pre-Quiet Revolution literature as a corpus in its own right. The reaction to these inequalities would therefore have become more moderate and the need to rationalize these differences in readily appreciable bodily terms would have, by consequence, faded as well.

If, however, one considers the inferiority complex not as the etiology of the earliest illness narratives, but as a secondary condition to the actual cause of not only these first narratives, but also Québec's illness narratives in general, it becomes possible to understand the pathological orientation of modern Québec's national paradigm. Put differently, if one seeks to understand the tensions within the national paradigm that occasioned the inferiority complex, it becomes possible to explain both the mid-century illness narratives and those that followed as Québec moved beyond the initial shocks of modernization and urbanization.

As the socio-economic impetus for the Quiet Revolution took on more overtly nationalist implications and the Quiet Revolution evolved into the sovereignty debates

Québec found itself asking new, but also fundamentally old, questions about what is at stake in its nationhood. Québec consequently moved from one state of tension within its national paradigm to another. The sudden awareness of how the day-to-day experience of nationhood conflicted with the vision of this same nation articulated by national authorities put the paradigm's exemplary and communal functions in conflict with each other. As the concerns over modernizing Québécois society were replaced by explicit questions about the future of Québec as an independent nation, French Canadians were once again confronted with a disjuncture within the national paradigm. The clash no longer came from the conflict between the paradigm's functions, but rather between two visions of the national exemplar, one of which sought to radically redefine the frame of the paradigm. The Québécois were explicitly asked, twice, to not only consider but also vote on which version of the national paradigm should be the legitimate one.

The sovereignty question and the noticeable rural/urban and ethnic divisions in the 1980 and 1995 referenda in turn focused attention on the implications of independence for the content of the national paradigm. Indeed since the independence issue began looming over Québec in the 1970s, what it means to belong to the nation, to participate in its continual articulation, has been a matter of bitter debate. Residents of the province, particularly those who were not ethnically French Canadian, found themselves trying to find their place within a nation whose traditional national pedagogy excluded them but whose frame, at least theoretically, was open to any who chose to participate. Even ethnic French Canadians found themselves weighing certain aspects of the national paradigm, notably Frenchness and the importance of the French language, against others.

From the 1940s onward, Québec's national paradigm was always in tension with itself. Whether it was dissonance between the exemplar and communal functions, within the exemplary articulations of the paradigm, or between the content and frame of the paradigm, the national paradigm could always be said to be in a state of indeterminacy. It is therefore no surprise that the illness narratives and their morbid symptoms continued to be prominent features of Québec's literary corpus beyond the initial modernization phase. By the mid 1960s, once the Quiet Revolution was in full swing, Marie-Claire Blais had begun to reexamine the supposedly idyllic early years of twentieth century Québec by penning the macabre Une saison dans la vie d'Emmanuel and reviving the myth of the tubercular poet with Jean Le Maigre, the child-hero of this grim novel. In the wake of a lived experience that contrasted so sharply with the antiquated ideal touted by some national authorities, Blais's novel interrogates, via the mediation of pathology, the supposedly archetypal rural existence that predated the urban migration. Jacques Godbout's 1981, ardently nationalistic, novel Les têtes à Papineau takes medico-national allegory to the extreme. The surreal tale chronicles the choice of Charles and François Papineau, the two-headed boy(s), to undergo brain (and head) consolidation surgery. The experience of two people inhabiting a single body ends when the scalpel, in the course of an otherwise clinically successful surgery, obliterates the only trait common to both boys: the French language.

While the previous examples of medico-national allegories are meant to illustrate the persistence of the medical theme in Québec's literature, they are but two cases among many. Québec's literary and cinematic traditions continue to gravitate to stories of illness and disease even though the overtly allegorical elements of these narratives have

generally given way to more universal approaches and concerns. Until Québec's national paradigm reaches stability in a "new" articulation, however, its national narratives will undoubtedly continue to manifest morbid symptoms. The key to contextualizing these periods of transition and their accompanying illness narratives will be to look beyond simple diagnoses and etiologies and to consider how the national paradigm is continually shaped by its own illness experience.

Appendix

Two different periodical research methods, one for the daily newspapers, another for the journal Cité libre, were used while writing Chapter 4. With regard to the newspapers, the major Montreal daily of each language group—The Gazette for the English-speaking community, La Presse for the Francophone majority—were the basis of my inquiry. Given the volume of material that these publications constitute (particularly when compared to the quarterly and then monthly format of Cité libre) and the lack of access to digitized and/or searchable versions of these papers, a truly comprehensive survey of all articles was not feasible at this time. I therefore scanned headlines and pictures with captions on both the front page and the front page of the Metro section for both of these publications for references to matters of public health and medical breakthroughs from 1940 to 1949. (The need to consider the front page of the Metro section was a direct result of the front page often being dedicated to the events of the Second World War.) I believe that even this limited scope gives insight into the reader's mentality, for the headlines and pictures supply information that is likely to catch the reader's attention, either by playing to existing preoccupations or by sharpening curiosity in new issues. As this project develops and expands, I plan to conduct a more systematic survey.

My treatment of Cité libre, because of the more manageable size of the publication, the frequency of issues and the importance of the journal to the project at

hand, lent itself to a more comprehensive study. Consequently, I was able to read every issue from the journal's run, from 1950 through 1966. I focused on the letters to the editor, the editor's comments, and the articles and noted the medical tropes used. (The journal also published poems and reviews of books and performances.) The process of identifying a trope depended on a) the use of a specifically medical term (such as the name of a medical condition or a procedure) or b) the use of a term or expression that has medicalized connotations in a given context. The first mention of a given term in an article was noted although subsequent references were not figured into the tally of tropes.

The key words that were tracked are as follows:

Allergie	Malade/maux/mal
Amputation	Microbe
Anatomie	Monstruosité
Anémie	Paralysie
Asphyxie	Peste
Atrophie	Plaies
Autopsie	Psychologie
Aveugle	Putréfaction
Cancer	Remède
Contagion	Sain
Cycle de la vie/développement	Sclerose
Diagnostic/diagnostiquer	Stérilité
Exsangue	Symptômes
Fièvre	Traitement
Infection	
Lèpre	

Works Cited

- Ahmad, Aijaz. "Jameson's Rhetoric of Otherness and the 'National Allegory'." Social Text 17 (1987): 3-25.
- Anctil, Hervé, and Marc-André Bluteau. Santé et l'assistance publique au Québec 1886-1896. Québec: Gouvernement du Québec, 1986.
- Anderson, Benedict. Imagined Communities: Reflections on the Origin and Spread of Nationalism. 2nd ed. London: Verso, 1991.
- Andron, Marie-Pierre. L'imaginaire du corps amoureux: Lectures de Gabrielle Roy. Paris: L'Harmattan, 2002.
- Annas, George J. "Law and the Life Sciences: Who to Call When the Doctor Is Sick." The Hastings Center Report 8.6 (1978): 18-20.
- Arguin, Maurice. Le roman québécois de 1944 à 1965: Symptômes du colonialisme et signes de libération. Québec : Centre de Recherche en Littérature Québécoise, 1985.
- Ashcroft, Bill, Gareth Griffiths, and Helen Tiffin. The Empire Writes Back: Theory and Practice in Post-Colonial Literatures. London: Routledge, 1989.
- Atwood, Margaret. Survival: A Thematic Guide to Canadian Literature. Toronto: Anansi, 1972.
- Baillageron, Denyse. "Entre la "Revanche" et la "Veillée" des berceux: Les médecins québécois francophones, la mortalité infantile et la question nationale." Canadian Bulletin of Medical History/Bulletin canadien d'histoire médicale 19 (2002): 113-137.
- . "Fréquenter les gouttes de lait: L'Expérience des mères montréalaises, 1910-1965." Revue d'histoire de l'Amérique française 50.1 (1996): 29-68.
- Barrès, Maurice. L'oeuvre de Maurice Barrès. Ed. Philippe Barrès. Vol 5. Paris: Plon, 1925.
- Baer, Eugen. Medical Semiotics. Lanham, MD: U P of America, 1988.

- Behiels, Michael D. Prelude to Quebec's Quiet Revolution: Liberalism Versus Neo-Nationalism, 1945-1960. Kingston and Montreal: McGill-Queen's UP, 1985.
- Ben-Moshe, Liat. "Infusing Disability in the Curriculum: The Case of Saramago's Blindness." Disability Studies Quarterly 26.2 (2006).
- Bernard, Anne. Cancer. Montréal: Cercle du livre de France, 1967.
- Bhabha, Homi K. The Location of Culture, 2nd ed. New York: Routledge, 2004.
- Blais, Marie-Claire. Une saison dans la vie d'Emmanuel. Paris: Grasset, 1965.
- Bosco, Monique. Charles Lévy, m.d. Montreal: Editions Quinze, 1977.
- Bouthillette, Jean. "La mesure canadienne-française." Cité libre 52 (1962): 10-13.
- British Medical Journal 309 (1994)-337 (2008). 15 Dec. 2008
<<http://www.bmj.com/search.dtl>>.
- Canguilhem, Georges. The Normal and the Pathological. 1966. Trans. Carolyn R. Fawcett and Robert S. Cohen. New York: Zone, 1991.
- Caron, David. AIDS in French Culture: Social Ills, Literary Cures. Madison: U of Wisconsin P, 2001.
- Cassel, Jay. The Secret Plague: Venereal Disease in Canada 1838-1939. Toronto: U of Toronto P, 1987.
- Charles, Aline, François Guérard, and Yvan Rousseau. "L'Église, les assureurs et l'accès aux soins hospitaliers au Québec (1939-1960)." Études d'histoire religieuse 69 (2003): 29-49.
- Cormier, Bruno M. "La liberté des autres..." Cité libre 47 (1962): 6-10.
- Côté, Charles and Daniel Larouche. Radiographie d'une mort fine: Dimension sociale de la maladie au Québec. Chicoutimi: Éditions JCL, 2000.
- Cuccioletta, Donald and Martin Lubin. "The Quebec Quiet Revolution: A Noisy Evolution." Quebec Studies 36 Fall/Winter (2003-2004): 125-138.
- Daymond, Douglas M. and Leslie G. Monkman. Towards a Canadian Literature: Essays, Editorials, and Manifestoes. Ottawa: Techumseh, 1984.
- De Man, Paul. Allegories of Reading: Figural Language in Rouseau, Nietzsche, Rilke, and Proust. New Haven: Yale UP, 1979.

- Derrida, Jacques. Le Monolinguisme de l'autre, ou, la prothèse d'origine. Paris: Galilée, 1996.
- . Monolingualism of the other, or, The prosthesis of origin. Trans. Patrick Mensah. Stanford: Stanford U P, 1998.
- . "Plato's Pharmacy" 1968. Dissemination. Trans. Barbara Johnson. Chicago: U of Chicago P, 1981: 61-119.
- Dion, Léon. Les intellectuels et le temps de Duplessis. Sainte-Foy: P. de l'U Laval, 1993.
- . "Le Nationalisme pessimiste: sa source, sa signification, sa validité." Cité libre 18 (1957): 3-18.
- Dumont, Louis. "Religion, Politics, and Society in the Individualistic Universe." Proceedings of the Royal Anthropological Institute of Great Britain and Ireland London: RAI, 1970. 31-41.
- Dupuy, Jacqueline. Dure est ma joie. Paris: Flammarion, 1962.
- Durham, John George Lambton. The Durham Report: An Abridged Version. Ed. Reginald Coupland. Reginald Coupland, 1945.
- Durocher, René, Paul Lindeau, François Ricard, and Jean-Claude Robert. Quebec Since 1930. Trans. Robert Chodos and Ellen Garmaise. Toronto: James Lorimer, 1991.
- Feldberg, Georgina D. Disease and Class: Tuberculosis and the Shaping of Modern North American Society. New Brunswick: Rutgers UP, 1995.
- Fisher, Claudine. "Féminitude et folie dans Les Fous de Basan d'Anne Hébert." The Art and Genius of Anne Hébert: Essays on Her Works: Night and Day Are One. Eds. Janis L. Pallister and Janet Paterson. Madison, NJ: Associated UP, 2001.
- Fleischman, Suzanne. "I am..., I have..., I suffer from...: A Linguist Reflects on the Language of Illness and Disease." Journal of Medical Humanities 20.1 (1999): 3-32.
- Foucault, Michel. Birth of the Clinic. 1963. Trans. A. M. Sheridan. New York and London: Routledge, 2003.
- Frank, Arthur W. The Wounded Storyteller: Body, Illness, and Ethics. Chicago: U of Chicago P, 1995.
- Frye, Northrup. Anatomy of Criticism: Four Essays. 1957; rpt. New York: Atheneum,

1967.

G.C. "Lettre d'un nationaliste." Cité libre 35 (1961): 6-8.

Gallagher, Nancy L. Breeding Better Vermonters: The Eugenics Project in the Green Mountain State. Hanover: UP of New England, 1999.

Garneau, François-Xavier. History of Canada From The Time of Its Discovery Till The Union Year 1840-41. Vol 1. Trans. Andrew Bell. Montreal: Richard Worthington, 1866.

---. Histoire du Canada depuis sa découverte jusqu'à nos jours. Vol 1. 3rd Ed. Québec: Lamoureux, 1859.

Gaumer, Benoît, Georges Desrosiers and Othmar Keel. Histoire du Service de santé de la ville de Montréal 1865-1975. Sainte-Foy: IQRC, 2002.

Gauvreau, Michael. The Catholic Origins of Québec's Quiet Revolution, 1931-1970. Montreal & Kingston: McGill-Queen's UP, 2005.

Gilman, Sander L. Difference and Pathology: Stereotypes of Sexuality, Race, and Madness. Ithaca: Cornell UP, 1985.

Girard, René. Violence and the Sacred. Trans. Patrick Gregory. Baltimore: Johns Hopkins UP, 1977.

Godbout, Jacques. Les têtes à Papineau. Paris: Seuil, 1981.

Gramsci, Antonio. Selections from the Prison Notebooks. Trans. and Eds. Quintin Hoare and Geoffrey Nowell Smith. New York: International Publishers, 1971.

Groulx, Lionel. La Naissance d'une race. Montreal: L'Action Française, 1919.

Guay, J. G. "Écho à 'Urgence d'une gauche nationale'". Cité libre 38 (1961): 18-23.

Guérard, François. Histoire de la santé au Québec. Montréal: Boréal, 1996.

Guérard, François. "L'histoire de la santé au Québec: Filiations et spécificités." Canadian Bulletin of Medical History/Bulletin canadien d'histoire de la médecine 17 (2000): 55-72.

Guibert, Hervé. À l'ami qui ne m'a pas sauvé la vie. Paris: Gallimard, 1990.

---. Le Protocole compassionnel. Paris: Gallimard, 1991.

Hacking, Ian. The Social Construction of What? Cambridge, MA: Harvard UP, 1999.

- Handler, Richard. Nationalism and the Politics of Culture in Quebec. Madison: U of Wisconsin P, 1988.
- Haraway, Donna Jeanne. Crystals, Fabrics, and Fields: Metaphors of Organicism in Twentieth-Century Developmental Biology. New Haven: Yale UP, 1976.
- Hayes, Jarrod. "A Man Is Being Raped: Nouri Bouzid's Man of Ashes and the Deconstruction of Sexual Allegories of Colonialism." African Images: Recent Studies and Text in Cinema. Eds. Maureen Eke, Kenneth W. Harrow, and Emmanuel Yewah. Trenton, NJ: Africa World P, 2000.
- . Queer Nations: Marginal Sexualities in the Maghreb. Chicago: Chicago UP, 2000.
- Hébert, Pierre and Patrick Nicol. Censure et littérature au Québec: Le livre crucifié, 1625-1919. Montreal: Fides, 1997.
- Hechtlinger, Adelaide. The Great Patent Medicine Era: Or without Benefit of Doctor. New York: Grasset & Dunlop—Madison Square, 1974.
- Hémon, Louis. Maria Chapdelaine. Paris: B. Grasset, 1921.
- Hertel, François. "Les Évolutions de la mentalité au Canada français." Cité libre 10 (1954): 40-52.
- Hopkins, Donald R. Princes and Peasants: Smallpox in History. Chicago: U Chicago P, 1983.
- Hunter, Kathryn Montgomery. Doctors' Stories: The Narrative Structure of Medical Knowledge. Princeton: Princeton UP, 1991.
- Invasions barbares, Les. Dir. Denys Arcand. Alliance Atlantis, 2003.
- Isurin, Ludmila. "Deserted Island or a Child's First Language Forgetting." Bilingualism: Language and Cognition 3.2 (2000): 151-166.
- Jameson, Fredric. "Third-World Literature in the Era of Multinational Capitalism." Social Text 15 (1986): 65-88.
- Kantorowicz, Ernst H. The King's Two Bodies: A Study in Mediaeval Political Theology. Princeton, NJ: Princeton UP, 1957.
- Kempf, Yerri. "Comment peut-on être Canadien français?" Cité libre 75 (1965): 24-26.
- Kleinman, Arthur. The Illness Narratives: Suffering, Healing, and the Human Condition.

- New York : Basic Books, 1988.
- . Patients and Healers in the Context of Culture: An Exploration of the Borderland between Anthropology, Medicine, and Psychiatry. Berkeley: U of California P, 1980.
- Klitzman, Robert. When Doctors Become Patients. Oxford: Oxford UP, 2008.
- Kuhn, Thomas S. The Structure of Scientific Revolutions. 3rd ed. Chicago: U of Chicago P, 1996.
- Langevin, André. Dust Over the City. Trans. John Latrobe and Robert Gottlieb. New York: Putnam, 1955.
- . Poussière sur la ville. Montreal: Cercle du livre de France, 1953.
- Lapointe, Jeanne. “Quelques apports positives de notre littérature d’imagination.” Cité libre 9 (1954): 17-36.
- Lefebvre, André and Jacques Tremblay. “Québec: Pour un politique du possible.” Cité libre 80 (1965): 6-15.
- Leigh, Hoyle and Morton F. Reiser. The Patient: Biological, Psychological, and Social Dimensions of Medical Practice. 2nd ed. New York: Plenum Medical Book Company, 1985.
- Lemelin, Roger. Au pied de la pente douce. Montréal: Éditions de l’Arbre, 1944.
- Lemire, Maurice. “Preface.” Le roman québécois de 1944 à 1965: Symptômes du colonialisme et signes de liberation. Québec: Centre de Recherche en Littérature Québécoise, 1985.
- Le Moyne, Jean. “L’atmosphère religieuse au Canada français.” Cité libre 12 (1955): 1-14.
- Létourneau, Jocelyn. A History for the Future: Rewriting Memory and Identity in Quebec. Trans. Phyllis Aronoff and Howard Scott. Montreal and Kingston: McGill-Queen’s UP, 2004.
- Levesque, René. Option Québec. Paris: Robert Lafont, 1968.
- Llobera, Josep R. “The French Ideology? Louis Dumont and the German Conception of the Nation.” Nations and Nationalism 2.2 (1996): 193-211.
- Lord, Denis. Aller-retour. Montréal: Beauchemin, 1962.

- Lowenthal, David. The Past Is A Foreign Country. Cambridge: Cambridge UP, 1985.
- Madsen, Deborah, L. Rereading Allegory: A Narrative Approach to Genre. New York: St. Martin's, 1994.
- Malmsheimer, Richard. Doctors Only: The Evolving Image of the American Physician. New York: Greenwood Press, 1988.
- Martin, Emily. Flexible Bodies: Tracking Immunity in American Culture—From the Days of Polio to the Age of AIDS. Boston: Beacon, 1994.
- Masson, Raoul. "La Mortalité infantile dans la province de Québec." L'Union médicale du Canada 54.1 (1925): 3-25.
- Milligan, Barry. "Morphine-Addicted Doctors, The English Opium-Eater, and Embattled Medical Authority." Victorian Literature and Culture 33 (2005): 541-553.
- Minnet, Valerie and Mary-Anne Poutanen. "Swatting Flies for Health: Children and Tuberculosis in Early Twentieth Century Montreal." Urban History Review 36.1 (2007): 32-44
- Morin, Jacques-Yves. "Une nouveau role pour un sénat moribund." Cité libre 68 (1964): 3-7.
- Moss, Jane. "Les Folles du Quebec: The Theme of Madness in Quebec Women's Theater." The French Review 57.3 (1984): 617-624.
- . "The Morbid World of the Quebec Novel." Literature and Medicine 3 (1985): 152-166.
- Mosse, George L. Masses and Man: Nationalist and Fascist Perceptions of Reality. New York: Fertig, 1980.
- . The Nationalization of the Masses: Political Symbolism and Mass Movements in Germany From the Napoleonic Wars Through the Third Reich. New York: Fertig, 1975.
- Nolland, John. "Classical and Rabbinic Parallels to "Physicisn, Heal Yourself" (Lk. IV 23)." Novum Testamentum 21.3 (1979): 193-209.
- Normandin, Sebastien. "Eugenics, McGill, and the Catholic Church in Montréal and Quebec 1890-1942." Canadian Bulletin of Medical History 15 (1998): 5-86.
- Novelli, Novella. De l'engagement au désengagement. Rome: Bulzoni, 1989.
- Palmieri, David. "Symbols of transcendence: Gilles Marcotte and the Weightlessness of

God.” Biennial Conference of the Association for Canadian Studies in the United States. Toronto, 14-18 Nov. 2007.

Paré, François. La distance habitée. Ottawa: Le Nordir, 2003.

---. Les littératures de l'exiguïté. Ottawa: Le Nordir, 2001.

Parenteau, Roland. “La peste noire du XXe siècle.” Cité libre 29 (1960): 17-18.

Parsons, Talcott. The Social System. Glencoe, IL: Free Press of Glencoe, 1951.

Patton, Cindy. Fatal Advice. Durham, NC: Duke UP, 1996.

---. Inventing AIDS. New York: Routledge, 1990.

Pellerin, Jean and André Rossinger. “Autopsie du 5 juin.” Cité libre 88-89 (1966): 5-9.

Pellerin, Jean. “Les USA achètent le Canada avec notre propre argent.” Cité libre 68 (1964): 8-20.

Pelletier, Gérard. “Réflexions sur l'état de siege (de Jean Desprez à M. Duplessis).” Cité libre 16 (1957): 32-40.

Petrey, Sandy. Realism and Revolution: Balzac, Stendhal, Zola, and the Performances of History. Ithaca, NY: Cornell UP, 1988.

Poutanen, Mary-Anne. “Containing and Preventing Contagious Disease: Montreal's Protestant School Board and Tuberculosis, 1900-1947. Canadian Bulletin of Medical History/Bulletin canadien d'histoire de la médecine 23.2 (2006): 401-428.

Quétel, Claude. History of Syphilis. Trans. Judith Braddock and Brian Pike. Cambridge: Polity, 1990.

Quilligan, Maureen. The Language of Allegory: Defining the Genre. Ithaca: Cornell UP, 1979.

Renan, Ernest. “Qu'est-ce qu'une nation?” Qu'est-ce qu'une nation? et autres écrits politiques. Paris: Imprimerie Nationale, 1996.

Ricard, François. Gabrielle Roy: Une vie. Trans. Patricia Claxton. Toronto: McClelland & Stewart, 1990.

Richards, Marvin N. “Poet, Hero, Icon: Can We Still Read Nelligan?” Quebec Studies 20 (1995): 1-10.

- Rioux, Marcel. "Idéologie et crise de conscience du Canada français." Cité libre 14 (1955): 1-29.
- . Les Québécois. Paris: Seuil, 1974.
- Robert, Lucie. L'Institution du littéraire au Québec. Québec: PU Laval, 1989.
- Rocheleau, Alain-Michel. "La Folie de Marcel: Étude d'un personnage de Michel Tremblay." Voix et images: Littérature québécoise 21:2 (1996): 337-50.
- Rosenberg, Charles. The Cholera Years: The United States in 1832, 1849, and 1866. Chicago: U of Chicago P, 1987.
- . "Contested Boundaries: Psychiatry, Disease, and Diagnosis." Perspectives in Biology and Medicine 49.3 (2006): 407-424.
- Roy, Gabrielle. Alexandre Chenevert. Montreal: Boréal, 1954.
- . Bonheur d'occasion. 1945. Montreal: Boréal, 1993.
- . The Cashier. Trans. Henry Binsse. Toronto : McClelland and Stewart, 1970.
- . The Tin Flute. Trans. Alan Brown. Toronto: McClelland and Stewart, 1989.
- Schonberger, Vincent L. "The Problem of Language and the Difficulty of Writing In the Literary Works of Gabrielle Roy." Studies in Canadian Literature/Études en littérature canadienne 14.1 (1989): 127-138.
- Schneider, William. "Toward the Improvement of the Human Race: The History of Eugenics in France." Journal of Modern History 54.2 (1982): 268-291.
- Sedgwick, Eve Kosofsky. Epistemology Of The Closet. Berkeley: U of California P, 1990.
- Seljak, David. "Why the Quiet Revolution was "quiet": The Catholic Church's Reaction to the Secularization of Nationalism in Québec After 1960." Historical Studies 62 (1996): 109-124.
- Shek, Ben-Zion. French Canadian and Québécois Novels. Toronto: Oxford UP, 1991.
- . Social Realism in the French-Canadian Novel. Montreal: Harvest House, 1977.
- Showalter, Elaine. Hystories: Hysterical Epidemics and Modern Culture. New York: Columbia UP, 1997.

- Sontag, Susan. Illness as Metaphor. New York: Vintage—Random, 1978.
- Sternhell, Zeev. Maurice Barrès et le nationalisme français. 2nd ed. Paris: Fayard, 2000.
- Tellier, Christine. “Les conflits idéologiques dans Poussière sur la ville.” Voix et images 22.3 (1997): 569-581.
- Thompson, Elizabeth. “Quebecers A Nation—Harper: Pre-Emptive Strike.” Gazette [Montreal 23 Nov. 2006: a1.
- Tomes. Nancy. The Gospel of Germs: Men, Women, and the Microbe in American Life. Cambridge: Harvard UP, 1998.
- Trofimenkoff, Susan Mann. The Dream of Nation: A Social and Intellectual History of Quebec. 2nd ed. Montreal and Kingston: McGill-Queen’s UP, 2002.
- Trudeau, Pierre Elliott. The Asbestos Strike. 1970. Trans. James Boake. Toronto: James Lewis & Samuel, 1974.
- . Federalism and the French Canadians. New York: St Martin’s, 1968.
- . “La nouvelle trahison des clercs.” Cité libre 46 (1962): 3-16.
- . “New Treason of the Intellectuals.” Trans. Patricia Claxton. Federalism and the French Canadians. New York: St. Martin’s, 1968 : 151-181.
- . “Réflexions sur la politique au Canada français.” Cité Libre 2.3 (1952): 53-72.
- Vadboncoeur, Pierre. “Critique de notes psychologie du peuple.” Cité libre 8 (1953): 11-28.
- . “Pour une dynamique de notre culture.” Cité libre 5 (1952): 11-30.
- Vallières, Pierre. Nègres blancs d’Amérique: Autobiographie précoce d’un "terroriste" québécois. 2nd ed. Montreal: Parti Pris, 1974.
- Van Dyke, Carolyn. The Fiction of Truth: Structures of Meaning in Narrative and Dramatic Allegory. Ithaca: Cornell UP, 1985.
- Waelti-Walters, Jennifer. “Beauty and Madness in M.-C.Blais’ La Belle bête.” Journal of Canadian Fiction 25-26 (1979): 186-198.