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Medicine and Morality in War: Exploring the Humanitarian Imperative in Literary Narratives ♣

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Abstract

This paper examines how literary and visual narratives of war and violence have long highlighted the experiences of remarkable doctors and their encounters with health and illness. These works artistically portray the trauma and pain of historical events, such as the 1945 atomic bombing of Hiroshima, through written and oral testimonies. This paper aims to shed light on writers who, having first practiced medicine—particularly during nuclear conflict—and dutifully served humanity, later sought to communicate the inexpressible to future generations. Through the lens of the emerging genre of Medical Humanities, this paper offers an insightful depiction of these narratives, focusing on writings either penned by doctors or centered on them. In times of disease, misery, hopelessness, and death, works like The Plague *offer solace. This paper will explore characters such as Dr. Bernard Rieux in* The Plague*, Bakshi ji in Rajinder Singh Bedi's "Quarantine," Dr. Parsons and other medical professionals in* The End of October*, the unnamed doctor in Vikram Seth's poem "A Doctor's Journal Entry for August 6, 1945," Dr. Terufumi Sasaki in John Hersey's* Hiroshima*, and Dr. Nagai Takashi in Susan Southard's novel* Nagasaki: Life after Nuclear War. *These figures, alongside other dedicated medical professionals, embody unwavering commitment despite knowing the dire consequences. This research paper will theorize crucial ethical and moral issues and dilemmas faced by doctors when treating patients amidst war and violence.*
Keywords: Literature, war, violence, trauma, morality, doctors, medical humanities

Introduction

A blend of man, mind, and medicine is what takes us to the innermost layers of life, presenting things as they are, with the help of penetrating observation, exposing the beauty of nature and the biological world. Literature offers a galaxy of such creative works that teach the moral values of duty, love, patience, respect, care, sympathy, kindness, sacrifice, alertness, humility, humanity, and whatnot. Literature through direct or indirect references to human experiences gives insights into suffering, illness, and human nature. Writers have been for centuries, connecting to medicine, depicting many trivial and serious, physiological and psychological problems, and writing about doctors, nurses, patients, and society at large. Medium is a curiosity for doctors, poets, writers, and artists.

A combination of medicine and literature are considered to be the "ways of looking at man and both are at heart, moral enterprises. Both must start by seeing life bare, without averting their gaze" (Pellegrino ED, 20) and this gaze is a clinical one according to Michel Foucault, "a subtle form of perception that must take account of each particular equilibrium" (1963: 14). Writers focusing on health, medicine, and disease often extract broader themes from their narratives, offering universal insights that resonate with readers, even if the fictional world is unfamiliar

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to them. Anne Whitehead and Angela Woods explore this idea in the introduction of their book, "The medical humanities is an area of inquiry that is highly interdisciplinary, rapidly expanding and increasingly globalised" (*The Edinburgh Companion to the Critical Medical Humanities*, 1). The relation between medicine and literature and the strong attachment of a writer to these can be well understood through what Anton Chekov writes in *Life and Thought*, ''Medicine is my lawful wedded wife, and literature is my mistress. When one gets on my nerves, I spend the night with the other'' (107), showing how demanding and absorbing both these professions are. There is a long list of people who have blurred the lines between literature and medicine.
This paper aims to provide insights into some writers who first practiced medicine, especially during the nuclear war, served humanity, dutifully, and then thought of communicating the inexpressive to the readers who would read them generation after generation. They also depicted the personal experiences of doctors, the commendable role played by them during the crisis, and the way they managed the mass injuries and deaths. They laid bare case histories of some patients that survived, and many those who died. Some of these works are explorations of the patients, very interpretive and artistically written out on the basis of their keen observations. This research aims to explore the narratives portraying the powerful, gripping, and unflinching accounts of the unbelievable endurance of the long-lasting impacts of the nuclear disaster that left behind heart-rending stories to be told by the survivors known as *Hibakusas*. This paper primarily aims at the contextual analysis of the real event that shook the world to its core, the nuclear attacks on Hiroshima and Nagasaki in 1945. These attacks were the gravest technological catastrophes of the 20th century. These incidents resulted in cancer, child mental retardation, neuro-psychiatric disorders, and never-ending genetic mutations. Land, air, water, and ecology have become polluted almost forever. The land has become barren, uncultivable, and useless. Reading these narratives has become a must in the current scenario as the threat of nuclear war always seems to be emerging. The eyewitness accounts in these writings are visceral and haunting.

Discussion

During the time of disease, misery, hopelessness, and death, it is a solace to read *The Plague* and other such literary masterpieces, especially the characters like, Dr. Bernard Rieux in *The Plague*, Bakshi ji in Rajinder Singh Bedi's short story "Quarantine", Dr. Parsons and other medical professionals in *The End of October,* the unnamed doctor in the poem by Vikram Seth, "A Doctor's Journal Entry for August 6, 1945"*,* Dr. Terufumi Sasaki in John Hersey's *Hiroshima,* Dr. Nagai Takashi in Susan Southard's non-fiction *Nagasaki: Life after Nuclear War,* and all the generously dedicated medical professionals who knew the consequences but did not hesitate and drew back.
Just three days after the city of Hiroshima in Japan was attacked by a nuclear atomic bomb that the United States dropped, a second similar bomb was thrown on Nagasaki, a very small port city in the southernmost part of Japan on 9th August 1945. Even if the actual number was hidden, it was believed that about 74000 people died in the initial months and an equal number of people were injured.
As does John Hersey in *Hiroshima*, so does Susan Southard in *Nagasaki*, taking the readers through the very first morning of the bombing to the city on the day she wrote it, through the first-hand experience of the five survivors more particularly known as *Hibakusas*. One of the survivors in *Nagasaki* says, "They dropped the bombs thinking everyone will die, right?" Mineko Do-oh recalled after 15 years, asserts, "But not everyone was killed", (*Nagasaki*, 34) leaving behind people to suffer forever in the form of *Hibakusas* who probably and incredibly lived on for longer than expected, with multiple problems, psychological, physiological, and sociological.

Unfortunately, “the horrific impact of the bomb resulted in death or injuries to 90% of Hiroshima's doctors and nurses and the blast left 42 out of 45 of the city’s civilian hospitals and two large army hospitals non-functional” (newsweek.com Aug 06, 2020). This happened immediately after the attack within around 3000 feet of Ground Zero. Father Siemes, **eye-**witnessed the whole incident and observed, “In the official aid stations and hospitals a good third or half of those had that had been brought in died. Everything was lacking, doctors, assistants, dressings, drugs, etc” (newsweek.com). About the long-lasting impact of nuclear attack, Chuck Johnson writes, “Even a relatively small nuclear war would have atmospheric effects beyond the immediate blast, fire, and radiation which could threaten billions of people with starvation due to crop failure. An all-out nuclear war between the US and Russia would end civilization and threaten to extinguish all human life” (*newsweek.com*).

Svetlana Alexievich, a Belarusian writer writes, “lots of the doctors and nurses in the hospitals, and especially the orderlies, came down sick” (*Chernobyl Prayers*, 2015: 7). In the context of the role of doctors during the man-made or natural disasters, be it disease, a calamity or an accident, one cannot forget Dr. Bernard Rieux, a physician who courageously and selflessly comes up as a motivational character in Albert Camus’ Nobel-Prize winning novel, *The Plague*, about the city of Oran during the bubonic plague in 1849 as its background. He and his colleagues who worked tirelessly for days and months, are triumphant when finally, life in Oran returns to normal. Henry and Dr. Carlo Urbani in *The End of October,* were dutiful and, “wanted to stay in the field, not in some prominent office in global medical Bureaucracy” (57). Being advised not to take charge of the hospital with patients dying due to aggressive influenza, Dr. Carlo asserts, “if I don't do this now, what am I doing here?... Just answering emails and going to cocktail parties? I am a doctor, I have to help” (57). This is a reflection of the real moral and ethical responsibilities of the profession of doctors. In such situations, doctors become God for victims, the life savers.

John Hersey represents in his book, *Hiroshima,* Dr. Terufumi Sasaki, who was the only uninjured physician in Hiroshima’s Red Cross Hospital. Hersey writes about Sasaki’s experiences, “Tugged here and there in his stockinged feet, bewildered by the numbers, staggered by so much raw flesh, Dr. Sasaki lost all sense of profession and stopped working as a skillful surgeon and a sympathetic man; he became an automation, mechanically wiping, daubing, winding, wiping, daubing, winding” (*Hiroshima* 14). This reflects Dr. Sasaki’s confused state immediately after the attack and how the survivors were under shock, who had taken the place of God in this situation, trying to save, every possible life, working tirelessly. As an aftereffect, doctors had to tend to the smell of the victims' bad breath which was the combination of necrosis and decomposition. Dr. Sasaki said, “This rot was that we were smelling. It’s a smell that only the medics who experienced the aftermath know about” (*Hiroshima* 23). To save as many as possible in case of emergency, Dr. Sasaki said, “the first task is to help as many as possible. There is no hope for the heavily wounded. They will die. We can't bother with them” (*Hiroshima* 24). This depicts the harsh realities of wartime medicine, where the traditional role of a doctor as a healer must sometimes be altered to prioritize survival. In this context, the doctor’s role shifts from providing individual care to making difficult triage decisions to maximize the overall number of survivors.

In a seminar entitled, “The Task of the Physician-Writer, Medicine-Literature”, a critic writes, “Doctors may daily witness pain, suffering, joy and transcendence-matters at the heart of human experience. They are often privy to the most vulnerable and intimate moments of their patients' lives and medicine becomes a window for these writers to look into the world with the largest perspective.” Jocelyn Dupont analyzes Georges Bataille’s 1947 review of John Hersey’s *Hiroshima,* saying that it is “a crucial attempt at intellectualizing and assimilating in an experience placed beyond the limits of understanding and witnessing” (“The Violence of

Hiroshima: Hersey, Bataille and Caruth", *Sillages Critiques*, 2017). Further, Dupont calls *Hiroshima* as "the most radical *clinamen* in the whole history of mankind" (*Ibid*).

One of the Hibakushas taken as a character in Southard's *Nagasaki*, Dr. Nagai Takashi, considered the physician and spiritual leader, became the best medical professional to serve during the attack on Nagasaki and the best-known Hibakusha writer. In the novel, Dr. Nagai is injured, with deep cuts that section one of his arteries. Even with these injuries and a head with lots of bandages, he doesn't refrain from conducting rescue operations. He writes, "How could you have described the walking figures of our relief team? A group of poor gypsies pushed out by the fire with no house, no boarding house, no dormitory … The clothes we had were only what we were wearing on our bodies. We barely escape with life" (68). Being injured, our activities were slow … had no vital power. As the radiation spread and the work pressure increased with very little medical aid and medicines left, Dr. Nagai expresses the truth, "we did nothing for the critical patients moaning on the ground in front of us. Because no surgical supplies were left, we did not have the will to take care of them, only ask, "how are you?" and left them to drink water or eat pumpkin. Please forgive me (68).

Even after working tirelessly, he felt a deep sense of shame for not having done more. The actual truth is engraved in the *Preface* to the Japanese edition,

> The 11th Medical Corps members were never negligent of their duties. They performed their medical duties under the harshest of survivors' circumstances, an atomic wasteland. They worked when virtually all of them have been injured and should have been convalescing themselves. And they did their operations without the amenities of plentiful supplies, ambulances, and support staff. (radioactivity.eu.com.)

As a result of the bombing, a "woman who covered her eyes from the flash lowered her hands to find that the skin of her face had melted into her palms" (*Nagasaki* 23). At another place, "some were missing body parts, and others were so badly burned that even though they were naked, Yoshida couldn't tell if they were men or women. He saw one person whose eyeballs hung down his face, the sockets empty" (155). So, such was the state of the patients received by the doctors. Southard writes about Dr. Akizuki in *Nagasaki*, "From the moment he awoke until the time he collapsed for a few hours' sleep, Dr. Suzuki felt overwhelmed, depressed and helpless. He silently cursed the war, the Japanese government that has had caused so much suffering, and the United States for dropping the bomb" (89). After serving the patients dutifully during the war and attack for two years, Dr. Akizuki "decided to leave the city in order two reclaim a quiet life and cleanse himself of the grimy 'victim of war' mentality that plagued him" (173). The doctors eased the suffering of the victims more than their capacities during the atomic bomb attacks both in Hiroshima and Nagasaki. This reflects a complex interplay of exhaustion, trauma, and the need for healing.

In the memoir, "Under the Mushroom-shaped Coud in Hiroshima," Shuntaro Hida M.D., narrates his harrowing experience of being through the atomic attack as a physician. "What kind of power was this?". He saw a mushroom cloud (Kinoko Gumo, the Japanese word for mushroom cloud) and under it he saw the unimaginable. He saw that ghostly figures were everywhere around him. He ends up his memoir with the statement, "The elimination of nuclear weapons is the only guarantee for the survival of human kind" (Hida, 4).

We meet another doctor in Vikram Seth, an Indian novelist and poet's very beautiful and touching poem "A Doctor's Journal Entry for August 6, 1945" (1990), who describes the whole scene around him just after the attack very poignantly as a victim. Like Heresy's *Hiroshima*, this poem starts with a calm and peaceful morning with a lot of planning and hopes in the mind of the characters for a new day, totally unaware of the looming threat of the nuclear attack. Seth writes:

> The morning stretched calm, beautiful, and warm
> Sprawling half-clad, I gazed out at the form
> Of shimmering leaves and shadows. Suddenly

A strong flash, then another, startled me.
I saw the old stone lantern brightly lit.
He is at home with his wife, both injured, with clothes torn apart:
A house standing before us tilted, swayed,
Toppled, and crashed. Fire sprang up in the dust,
Spread by the wind. It dawned on us we must
Get to the hospital: we needed aid -
And I should help my staff too. (Though this made
Sense to me then, I wonder how I could)
(online.almondbooks.com)

He wants to help his staff in this calamity which easily doesn't make sense, but his injuries don't allow him to walk further. He sends his wife for aid, and himself feels 'a dreadful loneliness'. He saw many injured people moving towards a medical aid, all almost naked who had lost the sense of shame, in this shock that had left them silenced. He, after some time, understands that the strong heat from the nuclear radiation has burnt their skin as well as their clothes. This is a remarkable influential poem written from the perspective of a doctor as a victim, with the message of the futility of war and violence and the need for peace for the good of humanity. Seth provides a firsthand account of the devastation through the eyes of a doctor, exploring the physical, emotional, and psychological trauma endured by the survivors.

Before the devastating attacks on Hiroshima and Nagasaki in August 1945, the testing of the first nuclear bomb on July 16, 1945 in New Mexico, marked the dawn of nuclear warfare, forcing humanity to reconsider its implications after witnessing its catastrophic potential. The unprecedented destruction it unleashed raised profound ethical and existential concerns, prompting reflection on whether such a weapon could ultimately lead to the annihilation of its own creators. Under the Manhattan Project, it was decided by a team of nuclear physicists to make atomic even before the Nazis. On the orders of the then President, Harry Truman, it was dropped on Hiroshima and Nagasaki. The most straightforward rationale presented was to hasten Imperial Japan's surrender, viewing it as a decisive move to conclude the Pacific War. This attack brought with it irreparable losses of life and vegetation in the ground zero. The mushroom clouds that emerged from the two bombs shook the whole world with, immediate as well as long-lasting psychological and physiological damage to mankind. In his speech, Barack Obama, the US President in 2016 in Peace Memorial Park, Hiroshima, Japan, asserted that the human wisdom of science created the nuclear bombs but the same humanity has yet to succeed in creating the ethical wisdom to abandon nuclear weapons. It is necessary to think of a nuclear-weapon-free world, otherwise the most precious human species will also vanish someday, it will become an endangered species in the near future. According to Toon and Bardee, "Once used in war or by accident, nuclear weapons destroy the human environment and induce a nuclear winter and subsequent famine due to the collapse of global agriculture" (2007). Dr. Michihiko Hachiya, Director of Hiroshima Communication Hospital, in 1955, in the foreword of his book *Hiroshima Diary: The Journal of a Japanese Physician* (August 6–September 30, 1945), opens with a striking and unsettling statement, "The Bombing of Hiroshima marked a new era in man's growing skill in the art of self-destruction" (5). This was a sarcastic highlighting of an unmindful empowering of man that was resulting in its own destruction.

One of the intensive psychological surveys conducted on the effects of the nuclear attacks by US psychiatrist, Dr. Jay Lifton in Hiroshima, observed that 'their psychological damage was so severe that almost all the survivors encountered the negative feeling of "we are also dead though still alive." They had a feeling of 'death in life' (1991).

Conclusion

All the above accounts, based on extensive research, and interviews with the survivors, historians, and specialists, are human tales of unbelievable courage, mercy, sacrifice, pain, suffering, patience, endurance, and selflessness notably of the medical professionals who played an indispensable role during these historical events, have rather been kept at the margins in the literary narratives. These narratives depict the amazing mental strength and presence of mind of the doctors. The settings in these writings are desolate, touching and make the readers pessimistic and shocked about the consequences of the nuclear war.

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