Scientist or Humanist: Two Views of the Military Surgeon in Literature

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ABSTRACT: Surgeons have often been portrayed in literature on one of two extremes: the cold, distant scientist or the benign, caring humanist. Two characters in American literature who illustrate those extremes, both surgeons in the military, are Herman Melville's Cadwallader Cuticle and Richard Hooker's Hawkeye Pierce. Cuticle is interested only in the science of his craft, while Pierce maintains the compassion so central to the art of healing, even in the midst of war.

In an Atlantic Monthly essay entitled "Benign Violence," Mark Kramer refers to surgery as "wounding in order to do good," and surgeon-writer Richard Selzer variously refers to his art in metaphoric terms of battle and exploration. Under the best of conditions surgery often assumes almost mythic proportions for the mortals who undergo or observe it. In the act is the fear and mystery of the ages brought to the bright light of an operating theater. It is both mundane and otherworldly; at times, it is so simultaneously.

The men and women who practice the art and craft of surgery have frequently been stereotyped in literature and popular culture, usually on one of two extremes: the cold, distant scientist or the benign, caring humanist. These stereotypes become more interesting when the characters involved are put in the additionally stereotyped setting of the military. What is suggested by these extremes in the case of the military surgeon is that exposure to the constant horrors of destruction which war generates leads a person to one of these extremes: he either retreats into a shell of callous indifference, focusing on the...
medical knowledge he can gain rather than on the suffering of his patients, or he becomes all the more determined to retain his and his patients' humanity.

Cadwallader Cuticle, M.D., Herman Melville's surgeon-of-the-fleet in *White-Jacket* (1850), and Benjamin Franklin ("Hawkeye") Pierce, from Richard Hooker's *M*A*S*H* (1968) and the film and television series based on Hooker's novel, offer a study in contrast of those extremes. Cuticle is the epitome of the physician as detached scientist, while Hawkeye Pierce represents the humanist physician rebelling against the inhuman conditions under which he is forced to practice his art. (This humanism is much more apparent in the case of Alan Alda's television Hawkeye than in either Hooker's or director Robert Altman's.) The differences separating the natures of Cuticle and Pierce can be seen if we examine three areas which can be used to evaluate the character of a physician: (1) attitude toward medicine; (2) attitude toward peers; and (3) attitude toward patients.

Before we examine Cuticle and Pierce, however, we need to say a few words about the nature of military surgery in general. Many of the major advancements in surgery—and in other areas of medicine as well—have been brought about through the efforts of managing the needs of the wounded in battle, more often than not under primitive conditions, even in modern times, and under a great deal of pressure.

Frederick F. Cartwright in *The Development of Modern Surgery* (1968) notes that the special requirements of the wartime surgeon have created knowledge in the areas of wound healing, infection, and shock management that has benefited all of us. According to Cartwright:

... the disaster of war has added much to the knowledge of surgery. The surgeon's primary duty in warfare is to heal wounds. He therefore requires to know how a wound heals and how he may most quickly cause it to heal; he requires to know how infection of the wound occurs and how he may prevent that infection; he requires to know why the victim of a wound is put in peril of death through pain and loss of blood, and how that "shock" may best be treated. War has brought progress in many other techniques of surgery, but these are the three great advances most directly attributable to the specialized conditions of war, and these are the wartime advances which most lastingly benefit the civilian patient.

Even in modern warfare, when knowledge of infection control has advanced so far, the often unsterile environment in which the military surgeon operates and the frequent lack of adequate supplies lead to a great deal of improvisation in order to save patients.

The conditions under which military surgeons perform their