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Two men in military fatigues flank the entrance of an unmarked white tent; this must be the vaccination site. As I take my place in line, I feel my jaw instinctively tighten and my posture straighten, as if my body—and not just my registration ticket—is about to be inspected. The woman in front of me has forgotten her ID, and one of the soldiers is questioning her with growing exasperation. He is white, and she is Black. For a second, I am struck by the absurdity of the impasse. Everyone in the state of New York age 18 and up is eligible for the vaccine, and “Chase” (the name stitched on his uniform) is guarding it like enriched uranium. Maybe Chase has the same thought, because he eventually sighs and lets her pass, shaking his head as he waves me through, hardly glancing at my ID. Fifteen minutes later I am off to work, and so is the vaccine: rallying my defense system for the war within my body.

Lorenzo Servitje’s new book, *Medicine is War: The Martial Metaphor in Victorian Literature and Culture*, looks at the role of fiction in creating a metaphor that now feels like fact. Medicine is war, illness is the enemy, and we must fight to feel good. Most pertinently, Servitje details how the *metaphorical* war against disease—led by the white male physician-as-soldier—was co-constitutive with *literal* war and violence against those deemed racially, culturally, and sexually Other. As bacterial “cultures” and “colonies” were imagined in terms of race, so were Britain’s colonial subjects and racialized lower classes imagined in terms of germs. While Servitje’s study concludes around the turn of the 20th-century, the story he tells is painfully familiar today. The Victorian era wrote the script now being deployed to scapegoat and terrorize Asian-Americans. Servitje’s book thus reads as a pre-history of our current intersectional health crises: the COVID-19 pandemic and the endemic violence against BIPOC communities, the poor, the unhoused, and the incarcerated. Servitje argues that “literary form transduced the martial metaphor into the popular imagination” (32), where it now operates below the level of conscious awareness, shaping our responses to pain, loss, and uncertainty. As parts of the world reopen while others reach new mortality peaks, and as the virus mutates with no end in sight, *Medicine is War* can help us understand what has happened to our hearts, minds, and bodies, and perhaps help us imagine what real healing would feel like.

In Victorian novels, short stories, and sermons, Servitje demonstrates that, when medicine is war, fear for one's own bodily integrity is converted into hostility towards the bodies of Others. The Count in Bram Stoker's *Dracula*, an ancient military foe from the East who infiltrates England with the aid of sexualized women, is an "amalgam of all that is Other" (113). Through intermixing blood, the story imbricates the xenophobic fears that "foreigners would bring disease," and that "they would pollute the British race" (120) – charges still common, though perhaps more coded, in anti-immigrant rhetoric today. In Arthur Conan Doyle's *Sherlock Holmes* stories, narrated by Army doctor John Watson, the focus turns from preventing disease to managing its symptoms. Holmes and Watson wage an invisible and endless war for the purity of the population, fighting crime and degeneracy seen as a sign of the "declining race" (147). Through detection, the martial metaphor is turned inward to police the social order. Like germs, "inimical bodies [are] everywhere and anywhere" (155), and the reader learns to detect them.

Each chapter in *Medicine is War* reads the literary fiction of a single author alongside their writings on contemporary medicine. Whereas the martial metaphor is made explicit in their nonfiction, it becomes invisible as it is transcoded into stories. Writers like Charles Kingsley began to reverse vehicle and tenor, imagining war as a kind of medicine. Medicine becomes the ur-war, a primeval and permanent "war against nature" (95). Novels helped produce a mode of liberal subjectivity, in which "each individual life is always already at war with death" (17), defending its existence against perpetual invisible threats.

While Stoker, Doyle, and Kingsley endorse and encode the martial metaphor, other writers expose and revise it. In Joseph Conrad's *Heart of Darkness*, Europeans seed the "germs of empires" in Africa (209), infiltrating the continent as microbial parasites who sicken and emaciate the native populations. The physically and morally diseased Kurtz is "an autoimmune response to the larger system of empire" (217). The belligerent British "defense" system has run amok, turned paranoid, and is now attacking itself. In Mary Shelley's novel, *The Last Man*, a foreign pandemic shows up on British shores, raging like the sea, as a "sublime" natural force that humans cannot comprehend or control. The feelings of "awe and terror" that it evokes inspire both "fear and sympathy" (54-5). The protagonist, Lionel, vows to "fight the enemy to the last" (29), waging a futile war against nature. But as his defenses crumble, his sublime terror turns him to the shared vulnerability of all human lives. Eventually, Lionel is inadvertently inoculated through a sympathetic encounter with a Black man suffering from the disease. Lionel recounts that the man's "face was close to mine, and his breath...entered my vitals" (qtd. in 40). While problematically instrumentalizing a Black body to deliver Lionel's cure, Shelley nonetheless attempts an "embrace of racial otherness" (40). The result is a vaccination: Lionel becomes immune from the plague.

"Sublime" is not the first word that comes to mind for this last year of pandemic. But it befits the contradictory feelings and responses we have seen around the world: the powerlessness, the resolve, the sacrifice, the greed, the betrayal, the rage, the attacks on neighbors, the showing up for strangers. The sheer scale of suffering and loss—too great for minds to fathom—has both closed off and opened up hearts. Servitje explains the former response through a dominant "zero-sum narrative" about disease, emphasizing competition and self-preservation (237). The story told by

the martial metaphor is that pain and loss can be avoided, if you just fight hard enough. We can conquer and control the natural world, and perfect our human frailties. Like Sherlock Holmes, with cleverness, vigilance, and force, we can cheat death.

But it is not a true story. Medicine is not war. COVID-19 and its variants will not be eradicated any time soon, and learning to live with the virus requires humility, care, and cooperation. As with our other metaphorical wars (the “War on Crime,” the “War on Drugs”), we are learning that war makes things worse, sickening our bodies, societies, and planet. Just as it has become clear that our health and survival depends on rethinking narratives of racial and gender violence, and reimagining our approach to policing and criminal justice, so do we need new stories about medicine. Narratives and metaphors of medicine, race, and gender intertwine, Servitje shows, as part of a larger story about how we relate to the things that scare us: to the otherness and pain in our bodies, our communities, and our world.

If Victorian literature naturalizes the war metaphor, however, it also offers alternatives. Lionel’s inoculation scene—a face-to-face exchange of breath—could not be further from my own masked vaccination. But as a literary metaphor, it signals what we have to face and feel, breath by breath, when the war is surrendered and the real work begins.

Works Cited

Servitje, Lorenzo. *Medicine is War: The Martial Metaphor in Victorian Literature and Culture*. Albany, New York: State University of New York Press, 2021.

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