

When Writing Cuts Deep: The Rhetoric of Surgical Short Stories

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This paper defines a new short story genre under the broad umbrella of medical narratives: the surgical short story. The essay identifies the specific characteristics of surgical short stories as the presence of suture theory, the use of suture theory to contract the narrative gap, the use of precise surgical terms, and the placement of surgery at the center of the narrative. The author deconstructs five short stories in light of these characteristics to identify them as examples of the genre. This genre is significant in that it holds the potential to bridge a two-way gap of misunderstanding between doctors and their patients concerning medicine and its goals.

Imagine: A surgeon walks into his female patient's room, only to find her bleeding profusely from an abdominal incision. The patient is wrist-deep in her own intestines, exploring, hoping to find the source of a hot pain too deep to describe in words. Her stitches, "bits of black silk, still knotted, bestrew the floor about her feet," cut by a stray razor the patient had found (Selzer, "Raccoon" 224). Strangely enough, the surgeon is panicking more than the patient.

Imagine: A six-week-old baby is brought into the emergency room with "a rather large, firm mass in its upper region, just below the rib cage" (Nuland 28). Physicians of various departments of the hospital compete to correctly diagnose this oddity within the baby's mid-section, focusing more on interdepartmental rivalry than the baby's health. All fail to realize that nestled within the baby's abdomen is a bezoar, "a large irregular white structure which resemble[s] nothing so much as a chewed-up lump of wax" (39).

Imagine: A woman hides the fact that she has false teeth from her husband for fifteen years. Then, upon discovering that she must have a "total abdominal hysterectomy" because of an ovarian cyst that could develop into full-blown cancer, she is told by an insensitive doctor that her false teeth must be removed before surgery and kept out afterwards (Selzer, "Fetishes" 100). The woman fears that her husband will learn her humiliating secret when she wakes up in the recovery room with a mouth emptied of its ivory, and nearly cancels the surgery because of this—until a kindly doctor promises to put in her dentures before any family members come in the recovery room to visit her after the operation.

In another context, the above three short stories might have fallen under the generic label of "medical narratives," stories about medicine and medical-related topics. However, I argue the stories are part of a genre I am calling surgical short stories. Currently, surgical short stories are not distinguished as separate from medical narratives, but they should be because of the way they

engage the reader in the construction of the story. Surgical short stories are an important genre to consider, for they have the power to teach the reader about the doctor-patient relationship in a unique and effective way.

Broadly speaking, medical narratives have in general had a role in the health arena, especially in terms of how various parties, such as doctors and patients, perceive each other. In “The Art of the Suture: Richard Selzer and Medical Narrative,” Robert Leigh Davis writes, “Medical narrative, like medical treatment, imposes restraint. It resists the inventiveness of affliction and returns the patient to conservative, recognizably human, forms of experience” (179). Davis believes that medical narratives can act to tone down misconceptions and fears that rage through the uninformed public. Likewise, these stories can “urge [laypeople] to distrust” their own lack of knowledge; medical narratives are designed to propagate the idea that patients must read more to learn about their doctors, and doctors must read more to learn about those whom they treat (184). Ignorance is not bliss, but a hazard; if patients cannot trust their doctors because they do not understand them, their medical care is literally at risk of being compromised as communication breaks down.

Like medical narratives as a whole, surgical short stories attempt to illuminate the relationship between doctors and patients. However, surgical short stories have a specific structure that invites the reader to participate in the story creation. Surgical short stories form a genre that follows the “basic exposition—complication—resolution structure” of the short story,¹ but with a twist in the formatting of that structure that defines the genre and correlates directly with the idea of surgery (Sternberg 336). This genre is identifiable by the use of suture theory, precise surgical terminology that expands or contracts the narrative gap by creating more or less room within the text for readers to “fill in” with their own complementary details to aid in the creation of empathy. Surgical short stories also use this precise terminology to shock the audience with the blunt nature of surgery. Suture theory helps readers understand a medical problem with which they are unfamiliar without absurdly overwhelming them with some cliché or melodramatic outlook on life, death, pain, blood, etc. Suture theory has long been defined as “the claim that works of art expose and then cover over the inadequacies of their subject,” which works “by allowing a reader or viewer to ward off the recognition of discord and stabilize a threatened coherence” (Davis 181). The part of narrative theory known as “the narrative gap” is described as when a reader “generates a new perspective and mental object out of textual elements” (Riquelme 8). The text acts as a framework for the reader, and from that framework that reader creates a new angle from which the text can be read and absorbed.

Using suture theory and the concept of the narrative gap, I argue that the genre of surgical short stories bridges the gap between reader and doctor. The combination of these features can serve to enlighten the reader about humanity, both endearing and flawed, within medicine, something that often goes unnoticed by outsiders looking into the field.² I will examine examples of surgical short stories from five authors, demonstrating that the genre is both specific in nature and broad in its scope of potential themes, and that it is important to distinguish these stories from other medical narratives because of the way in which recurring formats in a wide spectrum of stories just might cumulatively change the doctor-patient relationship.

Exploratory Surgery: Understanding the Fundamental Theory of Surgical Short Stories

Genres are rhetorical. In other words, a genre is not a static set of identifiable characteristics, but is partially determined by social action. Classifying genre, according to Carolyn Miller in “Genre as Social Action,” should be, “in effect, ethnomethodological: it [should] seek to explicate the knowledge that practice creates” (155). That is, genres should be a means of clarifying and providing in-depth analysis while performing the act of identification. As Miller notes, most current genre classifications are either too exclusive or too inclusive, with the latter being the case of medical narratives. The best way to approach defining a genre involves looking for the recurrence of situations that are based in social constructs (156). If classified in this manner, “[genre] becomes pragmatic, fully rhetorical, a point of connection between intention and effect, an aspect of social action” (153). My classification of surgical short stories as a genre recognizes the recurrence of social constructs, taking into account the way in which the stories fit within the respective societies of the writers and the audience members. Surgical short stories have sprung forth from the desire of surgeons to explain to their patients why medicine is not a cold-hearted scientific endeavor. Their stories parallel the patients’ desire to understand what happens to them when they go under the knife, literally or metaphorically.

In addition to the rhetorical situation, the genre of short stories has specific elements that make it a genre. Surgical short stories differ from medical narratives in that they have a profound effect on their audiences because of suture theory. Davis writes that suture theory is both seen and unseen. He examines how Richard Selzer, a world-class surgeon-writer and arguably the originator of this genre, uses suture theory in a way that can be seen by the audience.³ Davis describes this process as “a way of writing the body that could both promote and relieve its strangeness, both restore and undermine its coherence, a writing that could both close and keep from closing” (184). According to Davis, instead of leaving the reader with a feeling of near-resolve after having viewed a social problem, Selzer allows suture theory to be seen within the story by having the opening and closing of *the problem* coincide with the opening and closing of a patient’s body in surgery. Davis identifies this as a technique in which Selzer “both . . . bring[s] his stories to an end and . . . keep[s] them from ending” (184).⁴

Another characteristic of the surgical short story is the use of the narrative gap. It has two techniques similar to those of suture theory: making the gap obvious or hiding it from the audience. In “Erasing Narration,” Wolfgang Iser writes about the former kind of narrative gap, discussing Samuel Beckett’s way of negating a negation, which erases the positive effect left by the initial gap in narration. Essentially, Beckett “wipes out the stances that are inscribed into every narrative” by stating directly in the text that assumptions made by reading between the lines are false, so that the meaning of “these texts verge on senselessness” (1).⁵ This form of negation is obvious to the audience, thus creating the possibility of making texts with little meaning because most implied messages are destroyed.

The more commonly used narrative gap is described by John Paul Riquelme in “Wolfgang Iser’s Aesthetic Politics”: readers are made to fill in parts of a story that are not described and interpret meanings from the text and the space around the text.⁶ This “interpretation is to be understood as performance rather than explication; instead of the unearthing of some buried object, interpretation is the process of digging itself” (8). When the audience is not conscious of the narrative gap, it is free to unearth messages and fill in descriptions as much as the written

text will allow it.⁷ According to Riquelme, reading becomes “a form of translation,” or a search for truth in which the goal is to find the gist of an intended message, not a single correct answer (8).

In suture theory, as with the narrative gap, the reader is meant to fill in the blanks; if the writer correctly provides the appropriate structure, the reader can enter a new “reality” that, while recognized as fiction, is meant to expose problems or give meanings about life. This is what is particularly striking in the surgical short story; the genre uses the combination of narrative gap and suture theory to bring readers into a situation with which they are most likely very unfamiliar and make them aware of problems within that situation—an acclimation, so to speak. This acclimation in the beginning helps readers fill in details missing from the story with their own so that the details *from* the story can equally be absorbed. There is an oscillation between what readers absorb from the text and what they insert into the text in order to make it their own, which means that narrative gap is put into use in the process of using suture theory, making for an extremely elegant trait of surgical short stories.

Practice Makes Perfect: Examining Surgical Short Stories on the Table

The first surgical short story I would like to discuss is “Sarcophagus” by Richard Selzer: it is the blood-spattered story of an overweight man who dies on the operating table after a hopeless attempt to save him from a stomach cancer that has metastasized. The lead surgeon narrates the story, beginning with an introduction to the participants in the operating room (OR), as if he is hoping to make the patient’s situation more personal to himself. The surgery follows this introduction, progressing from a violent intubation to “a long incision” to the point at which everyone “laboring” around the table comes to realize that “there is nothing to do . . . he is going to die” (178–80). Drenching the scene is “a fresh river of blood” (179). After the death of the patient, the lead surgeon and a medical student inform the patient’s family, then return to the operating room to see the patient’s body sutured closed, noting numbly, poetically that “the line of stitches on his abdomen is a hieroglyph.” The story ends with the lead surgeon, viewing these stitches, realizing that “already, the events of this night are hidden from me by these strange untranslatable markings” (185). The surgeon recognizes that with the end of the need for him to fix the man’s body comes the end of his connection to the man as a whole.

From the plot of “Sarcophagus” alone, this seems like a surgical short story—but we should look deeper to see why it is surgical at its very roots and how these roots are intertwined with the essence of the doctor-patient relationship. In “Sarcophagus,” the process of opening up the patient’s body marks the initial probing of the main problems—the medical futility of trying to save a patient who cannot be saved and doctors’ desensitization to death. When the lead surgeon sees the patient’s body sutured closed, the conclusion (or closing) of the exploration of the identified problems is represented. This leaves readers to squirm internally with the unresolved problems they have just read about—because they know that these issues have merely been covered by the conditions of the rest of the story and must still exist. In leaving a narrative gap that is eventually filled in by readers’ own experiences, Selzer begins by placing his readers in the OR, a setting with which they are most likely very unfamiliar, but to which they become acclimated after introductions to others in the OR cause them to recognize that everyone in the room is in some way similar to them: they have families, ambitions, personalities.⁸

The balance between readers providing and absorbing details is apparent in “Sarcophagus.”

The topics of the limits of medical ability and the desensitized nature of doctors are fully opened at the opening of the patient's body, making them less daunting to explore, as the gory nature of the body works equally to limit and to expand the narrative gap. "A great hard craterous plain, the dreaded linitis plastica" (that is, the malignant tumor) absorbs readers' attention so that ideas about what is physically happening overtake the ethics of what is happening until the body is closed; the brief period of release from the body's raw, bloody power after it is sealed brings the problems of the story to the foreground, but with much less intensity and more room for understanding (178). Exploration has ended; sifting through the finds has begun. These ethical concerns in medicine can hence be better understood by readers because they have been with the lead surgeon in the operating room during and after surgery; the futility of fighting for a lost life and a lack of sensitivity for patients become as comprehensible and engaging as in a real OR.

The Plasticity of Surgical Short Stories

Margaret Atwood's "Hairball" presents a different sort of surgical short story in that it was not written solely to discuss medical ethics.⁹ In fact, its focus is on surgery's gendered aspects, possibly even its misogyny, instead of its medical quandaries. Yet, it still strongly exemplifies the characteristics of the genre. "Hairball" begins with Kat, the main character, about to have a large ovarian cyst surgically removed by a condescending doctor, which opens up the idea that males attempt to dominate the lives of women at every point of life, including in the doctor's office. The doctor, telling Kat the news that he needs to operate, "spoke of 'going in' the way she'd heard old veterans in TV documentaries speak of assaults on enemy territory. There was the same tensing of the jaw, the same fierce gritting of the teeth, the same grim enjoyment" (43). The "benign tumour" taken from Kat is compared to a coconut, with "long strands of . . . [hair] wound round and round inside, like a ball of wet wool gone berserk or like the guck you pulled out of a clogged bathroom-sink drain"—a description that instantly repulses the audience and establishes give-and-take in the reader's ability to respond due to the unnaturalness of the situation (44). Kat keeps the cyst in a jar on her mantel, keeping its relevance to the misogyny-analysis within reach. The story goes on to describe Kat's love affair with Ger, a man eventually shown to be similar to the haughty doctor: "He's a money man who lusted after art, and now he's got some, now he is some. . . . He's smooth as lacquer" (57). After a tumultuous relationship, Kat and Ger part ways, and Kat sends the benign tumor, which she has named "Hairball," to Ger, wrapped like an expensive chocolate candy. Kat's separating with Hairball acts as closure in the surgical nature of the story, suturing shut the topic of males dominating and changing the lives of women for the worst and leaving a feeling of stupefaction as the story ends with Kat contemplating her actions.

The beauty of the surgical short fiction genre is that it embraces stories like "Hairball" because its requirements relate to structure and impact, not merely that the message relates to surgery or the author is also a physician. "Hairball" may not place its focus on surgery, but its suture-like structure builds up and closes the narrative. This short story uses Kat's first experience with an arrogant physician to connect the reader to experiences that Kat later has with her similarly cavalier lover, and it utilizes the grotesque nature of Hairball, which she "sprinkles . . . with cocoa powder," to "tell the truth, to whoever asks," to keep readers within the bounds of the topic while jointly exposing them to a subject with which they likely have very little experience (61). After all, I imagine few could encounter chocolate-covered tumors and not shiver. Men

become a unified entity against which women try to compete for attention and love, and this story's grotesque chocolate-covered tumor reveals that this competition is an atrocity; women are their own independent beings and should remain confident as such. "Hairball" uses the mangled attributes of its namesake to shock the audience into taking this feminist view seriously. Clearly, "Hairball" demonstrates that this genre is not one of exclusivity but one of both flexibility and precision.

"A Story about the Body" by Robert Hass is a more typical example of the surgical short story in that its author is a physician-writer, but it, like "Hairball," presents an intriguing modification to the structure of the genre to underscore its theme. This short-short is only a paragraph in length and involves a young composer who is physically attracted to an older Japanese artist, until she reveals she has had a double mastectomy. The opening and close of the topic lasts just a few lines when the painter tells the composer, "I've lost both my breasts," which is a fairly staggering image in itself. The import of this short story, though, rests in what it lacks: a paradigmatic doctor.

"A Story about the Body" is a significant example of a surgical short story because it does not just revolve around the perspective of doctors in medicine. The narrative gap here is broadened to expose the reader to the pain and disappointment the Japanese painter suffers from being judged for surviving a disease that left her an aberration, and similarly the narrative gap constricts the reader's ability to sympathize with the composer who, like the reader, was unaware of the painter's past but chose to leave her. The shock of what had been done to her strengthens readers' sympathy for her; they, too, are likely repulsed by the idea of a double mastectomy and can realize how this judgment takes away her hope for empathy from outsiders looking in. We together realize that humanity is most inhumane to the infirm. Likewise, the composer's inability to cope with the double mastectomy demonstrates the feminist perspective of this story: a woman has lost parts of her that symbolize her femininity, so men can no longer accept her. She has left the category of "woman," according to this man; she wonders, like the audience, where that leaves her. Overall, this kind of surgical short story is one that focuses on the person theoretically most affected by surgery: the patient. It reveals how those whose bodies have been pierced by the scalpel must continue with life as though the surgery had never happened, although they often suffer when others value them differently.

Vital Organs: Necessary Stories in the Genre

Doctor-writers are not without their own criticisms of medical practices, as is exemplified in "A Night in June" by William Carlos Williams.¹⁰ This story begins with an introduction to a mother, "a peasant woman who could scarcely talk a word of English," who is about to have her eighth child (61). On a night in June, the doctor prepares to deliver the peasant woman's baby with equipment that has not been used for "an interval of years," deciding it will suffice as the birth will be in the woman's home (63). The labor begins, opening up for scrutiny the topic of doctors not being properly concerned for their patients, but it proceeds slowly, so the physician gives the patient a small dose of pituitrin, a drug that could potentially "rupture the uterus when the muscle has been stretched by many pregnancies," and then follows that dose with a larger one to hurry the birth along; after all, the doctor does not want to "be here till noon" waiting (66). The baby is eventually delivered successfully with no harm coming to the woman, closing the discussion of the doctor's lack of real concern for his patient.

Here we see that the story's emphasis lies in the doctor deluding himself into thinking that he is concerned for this peasant woman when actually he holds the opposite attitude—he “was being comforted and soothed” by the woman's body doing its job so that he did not have to focus on her so intensely. The narrative gap is opened so readers can accommodate his ego now and again, such as when he “used [his] ungloved right hand on her bare abdomen to press on the fundus” confidently, giving the impression that he is doing his job well because he is doing something supposedly only recognizable by trained doctors; we are forced to imagine what this procedure could possibly look like because it is likely that we are not familiar with it (67). Simultaneously, the gap tightens at moments such as this because the reader is limited to what information the doctor offers about what he is doing—we can only assume that his actions are appropriate for the situation, and so we believe him. This particular fluctuation of narrative gap makes one recognize that the trust usually put into a doctor is complete, but in cases such as these, such trust should be questioned because a doctor's confidence does not entail his concern. The audience thus leaves the story feeling not only shocked at the physical events of the story but also disturbed by the notion of a doctor who risks his patient's life with no remorse. And in telling this story, Williams opens up the opportunity for doctors to see what they look like, think like, and act like when practicing medicine with a detached mindset so that they can change their ways before risking the lives of their patients.

Not all surgical short stories deliver such negative condemnations about the character of doctors. “Final Cut” by Atul Gawande focuses on a subject in medicine as a whole that he finds disconcerting: the rarity of autopsies in modern medicine.¹¹ Gawande begins with a simple statement: “The autopsy is in a precarious state these days” (*Complications* 188). A first-person story ensues about Gawande's personal experience with an autopsy. He describes the autopsy of one of his former patients that takes place in a questionable sub-basement, performed by the assistant to the pathologist. The woman's chest is crudely opened, along with a discussion of the evidence of autopsies being infrequent, and from there “the evisceration was swift”: the assistant “removed all the major organs—including the heart, the lungs, the liver, the bowels, and the kidneys” (189). The body is then closed up, as is the demonstration of the rarity of the autopsy, and Gawande ends with a reaffirmation of the precarious state of the autopsy.

The short story within “Final Cut,” one of many in a book of essays that comment on modern medicine and surgery, remains true in form to the genre of surgical short stories. The topic for discussion is most broadly opened at the opening of the body and loses its intensity once the body is stitched up—Gawande even says, “You strive to achieve a cool, dispassionate attitude toward the matter” after discussing that matter in an emotionally loaded manner (190). The narrative gap expands when the reader is forced to imagine the emptying of the woman's body of organs, but is also contracted by the reader's limited knowledge of what this procedure looks like exactly—only so many possible imaginings of a well-described autopsy can reasonably exist. And of course, the explication of the autopsy is, by its very nature, shocking to an audience that is part of a society in which autopsies are now rare. “Final Cut” is unique because, though it fully utilizes the characteristics of the surgical short story, it can be integrated into a larger piece of work or it can stand on its own due to its expository nature. It explores how the topic of the autopsy has changed, reflecting its rarity, but not in such an exclusive way that it could not be incorporated into an entire collection of other stories with similar structures and commentaries. Essentially, it is a surgical short story that, while concise and exploratory—like the act of surgery

it represents—is still a part of a bigger picture.

Defying Expectations: A Nonsurgical Short Story *with* Surgery

Just because a short story has the act of surgery or something like surgery within it does not mean that it fits within the genre of surgical short stories. Take “Behind the Times” by Arthur Conan Doyle as an example. In this story, a young boy grows up with Dr. James Winters as his physician: “[T]he epochs of my life were the periodical assaults which Dr. Winter made upon me” (1). Eventually, the boy comes to understand the worth of Dr. Winters when he grows up to be a physician himself, appreciating that the old doctor is “a survivor of a past generation” in his old-fashioned practice of medicine. Surgery is present in the story when “Dr. Patterson and I cut Sir John Sirwell, the County Member, and [are] unable to find the stone.” Dr. Winters saves the day, showing that traditional medicine is still a worthy competitor, when he “introduced into the wound a finger which seemed to our excited senses to be about nine inches long, and hooked out the stone at the end of it” (2). At the end of the story, Dr. Patterson and the narrator both come down with the flu and seek help from Dr. Winters because they want treatment that is more “more soothing—something more genial” (3). In this story, traditional patient-centered medicine prevails, but that does not mean that it is a surgical short story.

Surgical short stories have three requirements outside of the fact that surgery or something like surgery is necessary: the presence of suture theory, the use of suture theory to expand and contract the narrative gap, and the use of precise surgical terminology to draw in and hold readers in circumstances with which they are likely unfamiliar. “Behind the Times” does not meet any of these requirements, so it is not a surgical short story even though surgery is present. The story does not open up a specific problem to explore at the opening of the body, nor does it close off the problem being explored at the closing of the body; in this case, surgery is merely another plot point, not the center of the plot’s structure. Because of this lack of suture theory, the reader’s response is not limited or expanded by the extreme nature of surgery. In the same way, the absence of surgical jargon makes it more difficult for readers to imagine the circumstances of the scene as a surgeon would. “Behind the Times” may give a message centered around medicine, but it does not fit within the confines of surgical short stories and thus cannot be considered a part of that powerful genre.

How the Surgical Short Story Will Change the Doctor-Patient Relationship

Surgical short stories are enthralling narratives that hold the power to change our perception of doctors: from benumbed, robotic professionals into what they aim to be, practitioners of a discipline of science who want to help people live long, healthy lives. Medicine has its flaws, but this genre holds the revelation that with flaws comes an altruism that exists in no other profession. And this revelation is one that is necessary now.

According to “Doctoring as Leadership: The Power to Heal” by Edvin Schei, “[P]hysicians are seen as mere brokers of scientific knowledge, neutral experts who can navigate the medical system”; they are not perceived as the humane healers of the ill that many hope to be (395). Physicians seem intimidating to their patients, and because of this a gap exists between doctors and patients that decreases the efficiency of treatment. Instead of giving accurate medical histories to doctors or listening to advice on changes in lifestyle, patients leave out important informa-

tion that their doctors need to diagnose them and often ignore doctors' orders because they have no trusting relationship with them. As Richard and Sylvia Cruess explain in "Expectations and Obligations: Professionalism and Medicine's Social Contract with Society":

If patients believe that their doctor is pursuing his or her own interests during the relationship, they will lose trust and the physician's ability to heal may be diminished. Faith in the morality, integrity, and honesty of physicians is fundamental to trust. For generations this trust was given blindly. Now it must be constantly earned. (589)

One suggested way to build a bridge of trust between patients and physicians is for patients "to learn, to change preferences, and to modify identity through self-reflection and deliberation" (Schei 395). Surgical short stories can help build that bridge.

Surgical short stories can demonstrate vital themes about the humanity of physicians to audiences, both physicians and patients, as I have established throughout this paper. As Schei would say, trust can be learned; good health can be preferred; the personal identity of one's physician can be modified through reflection and deliberation. Surgical short stories can reveal what is important in the medical field and show that good physicians care about their patients. Conversely, physicians can become more aware of their flaws through these stories and thus learn to better treat their patients. A physician who realizes that the health of his or her patients is suffering because of a lack of sensitivity is more likely to meet the patients halfway when "motivating patients to follow treatment regimens" or to tell the truth about their medical pasts instead of counting on the patients to go the entire distance (Schei 395).

In the same way that patients could learn to trust their physicians, physicians could learn to more fully grasp their multifaceted art and their appearance to patients. Richard Selzer writes in "To a Would-be Doctor-Writer" that when he writes, "just as the patients expose themselves to me, so do I show myself to them. We are equal" (56). Selzer encourages doctors to write creatively so they can show patients and other doctors that they are, in fact, human and that medicine is, indeed, a human endeavor. Making a concerted effort to connect through writing surgical short stories could be the next desperately needed step towards bridging the chasm separating doctors and the rest of the world.

Notes

¹ For more on the theory of narratives and the structure of short stories, see Sternberg.

² For more on the importance of doctor-writers in revealing their distinctive perspective of humanity within medicine, see Selzer, "To a Would-be Doctor-Writer."

³ The more common way of using suture theory—making the uncovering and covering of the story line "carefully concealed"—appears predominantly in music scores in films, allowing the audience to take in "an ideological effect without being aware of" the technique inducing it. This use of suture theory is "the process by which narrative makes whole what is sick or injured, but this wholeness depends on non-recognitions" because if the audience members recognize that a problem is being resolved for them by revealing it and then stowing it away, they are unlikely to feel as though it has been sufficiently stowed away (Davis 183). The residual effects of that problem will linger instead, because the issue has not really been put to rest. This use of suture theory is not part of the discussion of surgical short stories, however.

For more on the particular writing style of Richard Selzer and the medical narrative, see Hoy; Poirier; and Toledo-Pereyra.

⁴ Selzer's inability to fully close a story has been identified by Davis as a struggle that exists for Selzer due to his dual nature as a surgeon-writer. Surgeons characteristically "insulate" themselves "against the powerful impact of mortal lessons," while writers must "learn to gaze upon them with fully dilated pupils," which meant that Selzer's desire for the patient in the story to heal, as he would hope in real life, would have to be ignored for the sake of

the message he wanted to write (188).

⁵ Beckett's use of this technique allows him to write books about literally nothing because he erases any messages that the reader could grasp from reading between the lines. This is how his texts "verge on senselessness" (Iser 3), though of course the meanings behind writing books about nothing could be endless.

⁶ While this form is the most commonly used, it is also the most unintentionally used creation of narrative gap, as it is nearly impossible to describe every detail of every facet of a story. Thus, the meaning of every story can change from person to person based on the details filled in; every reading "generates a new perspective and mental object out of textual elements" (Riquelme 8).

⁷ "Unity Identity Text Self" by Norman Holland explores the relationship between the reader and the author in a different way, especially concerning the give-and-take between identity and text. "We can think of unity and identity as expressing only sameness or continuity while text and self show difference or change, or, more exactly, both sameness and difference, both continuity and change" (815). What Holland means by this, in relation to narrative gap, is that the ideas of unity and identity are usually associated with the idea of singularity, while the text provided by the author and the self of the reader bring about changes to each other, so that the four characteristics of unity, identity, text, and self bring about both an alteration to the two parties and a lack of alteration to them. Narrative gap thus provides space for the reader to fill in the blanks, but the blanks are well defined and can only be filled and changed so much.

⁸ As noted in Miller's "Genre as Social Action," "successful communication would require that the participants share common types" of situations (157). "Sarcophagus" and other surgical short stories are able to successfully communicate to audiences, patients and doctors alike, by creating situations that feel as though they could potentially be experienced by the readers.

⁹ For more on Margaret Atwood and "Hairball," see Shapira.

¹⁰ For more on William Carlos Williams as a physician-writer, see Poirier.

¹¹ For more on disconcerting trends and potential improvements in surgery and medicine, see Gawande, *Complications* and Gawande, *Better*.

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