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### **Frankenstein's not that Far Off**

The medical profession has tended to not focus solely on the individual, also prioritizing social welfare—pursuing remedies and policies aligned with their contemporary cultures' rules and regulations. In the nineteenth and twentieth centuries, “scientific rigor” became one of these cultural ideals for discerning a remedy's effectiveness. Scientific rigor is characterized by the experiment, defined by Claude Bernard as “an observation induced with an object of control” (Washington 55). In medicine, this “object of control” is typically a human or animal subject, which gives the experiment ethical weight. This opposes the standard idea of an experiment from other fields where an experimenter should attempt to control the object absolutely and induce a phenomenon as directly as possible. The conflict between the experiment and traditional ethics has created a medical ethic where physician experimenters treat health, the rules and regulations preserving wellbeing, as restrictions rather than objectives. *Medical Apartheid* enumerates experiments where researchers abused black people and immigrants because they are vulnerable—easy targets for an amoral scientist. *The Island of Dr. Moreau* illustrates the brazenness researchers exhibit when there isn't legal restraint.

The fictional Dr. Moreau is a hyperbolic vivisector, a physician who performs experiments and surgeries on live animals, often without anaesthesia. Because of how horrifying his research was, Moreau “had to leave England” (Wells 39). A “gruesome pamphlet” and a “wretched dog, flayed and otherwise mutilated, escaped from Moreau's house” (39) conspired to take down his career. The journalist's takedown worked because he violated the moral guidelines of health, an institution physicians are supposed to hold especially highly. But Wells establishes further the experimenter's singular focus: “he might perhaps have purchased his social peace. . . but he apparently preferred [his investigations], as most men would who have once fallen under the overmastering spell of

research” (40). As Wells elaborates, there isn’t an exact moral failing of the researcher but rather the belief that research supercedes the health of the “object” (Washington 55) being studied.

*Medical Apartheid* acknowledges doctors who took a similar attitude with black people, essentially treating them as less than human as justification for harmful, nonconsensual medical experiment. But, Washington stresses, exploiting African-Americans was mostly socially acceptable, but this practice continues far past antebellum. Medical mores, however, lag due to opportunism: “African Americans were without legal protections and thus unable to hamper physician’s activities” (57). The dehumanization that physicians promoted argues that “blacks were so different from whites—less intelligent, much less sensitive to pain. . . as to constitute a different species” (74). Physicians don’t just practice callous experiment, but they hide it when they’re aware of its violation of social rules: “once up in the North, [Sims] hid the ethnicity of his subjects” (67). With Moreau, Sims, despite not being cast out, predates those without power for expediency’s sake. These nontherapeutic experiments and the attitudes that bolster them clearly don’t improve the individual health of their subjects or work to preserve wellness, which is why it contradicts health, which is recognized by reservations about African American experimentation.

*The Island of Dr. Moreau* limns a similar dehumanization, where Moreau rationalizes his actions by considering his originally animal subjects as inhuman and unworthy of human ethics. Harm reduction is used as a common system of health, both in *Medical Apartheid* and in *Dr. Moreau*, but Dr. Moreau seeks to negate Edward, the narrator’s, concerns with by claiming that pain is basal and inhuman—that not experiencing pain is superhuman. “Men, the more intelligent they become. . . the less they will need the goad [pain] to keep them out of danger,” (Wells 92) Moreau claims, trying to expedite even moral and health concerns because he really believes in his study at all cost. He reveals his true end by saying “I have never troubled about the ethics” (93). The experimenter is an archetype often treated as a deranged and entirely detached “Dr. Frankenstein,” but expediency and flouting of health is much more common, even for “overachieving adepts with sterling reputations” (Washington 13). Moreau hyperbolizes experimenters’ attitudes, but his motivations and arguments do not differ greatly from his socially-accepted contemporaries.

Nearly all researchers exhibit some degree of this “expediency ethic,” which is natural but frightening. It means that the more remote external enforcement is, the more likely it is to be violated—internal review of a field or soft social barriers don’t cut it. For researchers to universally follow ethical guidelines, they need to be codified and enforced because experimenters won’t do it themselves.

Works Cited

Washington, Harriet A. *Medical Apartheid*. Doubleday, 2006. [Web](#).

Wells, H. G. *The Island of Dr. Moreau*. Planet Ebook, 1896. [Web](#).