



“PUT A WHOLE NEW FACE ON THE MATTER” : HUMOROUS TALES ABOUT DOCTORS AND THEIR REPRESENTATION OF THE MEDICAL PROFESSION

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Folktales that humor various professions are usually disseminated orally and via social media—and in some cases the print media. Yet owing to the (uncritical) belief that such tales are largely consumed by ‘folk’ or ‘common people’ there is seemingly little, or no research conducted on them. Yet, folkloristics holds that orally transmitted tales carry biases, prejudices, beliefs and values through time and space, often “unconsciously or unselfconsciously” (Dundes, 2007). Taking off from this theoretical postulate, this study focuses on a sample of folktales focused on the medical profession to locate what such tales narrate about the profession. Using theoretical modes of reading from folkloristics and literature, this interdisciplinary study attempts to understand how the profession of the medical practitioner is represented in a sample humors tales whose primary object of humor is the doctor. How do humorous tales told/heard/created among the English-speaking general audiences in Sri Lanka represent the medical professional? What do those representations suggest about the material reality of the world outside the tales? This groundbreaking study thus open up new research interest by examining humors folktales using the theoretical assumptions of two disciplines.

Keywords: folkloristics, humor, literature, medical profession, folktales

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INTRODUCTION

Folktales, like any narrative which is read, narrated, or heard, are not born in a vacuum, rather they absorb and reflect the material reality in which they are born. According to folklorists, such texts carry biases, prejudices, beliefs and values through time and space, often “unconsciously or unselfconsciously” (Dundes, 2007, p. 55). The inevitable fact that folktales, or tales read by ‘folks,’¹ are accessible for a larger reading public—compared to specialized literary texts—leaves room for such ‘values’ to be disseminated among a large group of people. These postulates motivate this paper as it attempts to critically examine a collection of humorous tales whose primary focus of humor is the medical profession—or doctors to be specific. The collection under scrutiny here is titled *Wit and Humour*, a compilation of orally transmitted items of folk speech under the thematic humour. This study focuses on a section of this book titled *Professions*, under which is featured twenty-three tales related to doctors. Using a folkloric reading methodology coupled with a narrative reading technique, this study attempts to read these doctor-related humorous tales for their representation of the medical profession to understand how the medical profession is viewed and perceived in the popular folk imagination. What are the modes of humor deployed in the stories? What do they tell us about the way the medical profession is represented in the imagination of the ‘folk’ of Sri Lankans? And what do these traces of imaginative fiction tell us about the way doctors are understood in the material sphere? This study attempts to answer these questions.

Wit and Humor: Sample

Wit and Humour is a collection of folk speech acts compiled by a group of tale collectors who identify themselves as ‘The Jolly Crew.’ The book comprises over seven hundred humorous tales, songs, ballads, poems, rhymes, and proverbs, which the unidentified compilers claim to have either been told to them or heard by them. All the samples they collected are categorized under twenty-four themes, ranging from “Husband and Wife (Home Sweet Home!)” to “Senior Citizens” or from “‘Liberal’ Affairs” to “Professions.” The stories under study here appear in a section titled “Professions,” which feature humorous tales based on lawyers, doctors, engineers, professors and other professionals. There are twenty-three tales under the section ‘doctors’ the stories of whom come under the focus of this paper. The unidentified compilers, ‘The Jolly Crew,’ of the tales under study here have not resorted to scientific modes² of tale collection in their endeavors, which is a major shortcoming of this collection. Yet, the collectors have offered the reader (and researcher) a rare collection of humorous folk speech acts in one space, which allows a parallel study of them. Seven (07) stories that specifically feature doctors as characters in their plots are selected for this study out of a total of twenty-one tales. The rest of the tales are word puns on medical literature.

¹ The term ‘folk’ carries connotations of “masses” and “uneducated” Dundes (2007).

² This would require a tale collector to record the socio-economic condition of the story teller; her body gestures; changes of intonation as a story is narrated; reaction of the audience to the tale, and etc.



If folktales are a self-description of a group of people who create/tell/listen to (or read) them, then what do those humorous tales tell us about the way people perceive doctors and their profession? Do the tales disparage the doctors as a surface reading suggests? What role does humor play in the representation of doctors? This study attempts to answer these questions.

METHODOLOGY

Folktales carry cultural postulates that are silently imbibed in them, and folklorists identify them as ‘folk ideas.’ According to the folklorist Dundes, ‘Folk Ideas’ are “traditional notions that a group of people have about the nature of humanity, of the world, and of life in the world” (Dundes, 2007). ‘Folk ideas’ need not be openly apparent in folkloric material, rather they are “unstated premises” (Dundes, 2007) which could underlie thought and action of individuals. The present study attempts to re-read the humorous tales with focus on the ‘folk ideas’ embedded in them. The notion of folk ideas is also reflected in the work of the literary critic Macherey (2016), who suggests that all speech “envelopes in the unspoken in order to reach utterance,” and this “silence” (Macherey, 2016, p. 93) informs us of the “precise conditions for the appearance of an utterance, . . . its limits . . . real significance” (Ibid, p. 93). The ‘silences’ that envelope the humorous engagements of the tales under focus here would be put under scrutiny in this study as it attempts to explore the embedded silent speech of the tales.

LITERATURE REVIEW

There have been no known scholarly studies in Sri Lanka focusing on samples of humorous tales attributed to the medical profession—thus this study opens a fresh area of research. There is a study that runs parallel to the present study by Medawattegedara (2022) who reread a sample of humorous folktales whose object of humor is the nation state of Sri Lanka. In a comprehensive reading he argues that the tales that seemingly disparages the nation through the mechanics of humor are not necessarily vilifying the state, rather they are upholding the state by shifting the perceived failures of the nation state to the space of humor. The present study draws inspiration from Medawattegedara’s methodology of re-reading humorous tales for the present study.

Findings

The findings are presented in subheadings for ease of reading.

Currency before the Cure

Three humorous tales disseminate the idea that there is a tendency among some doctors to prioritize finances over the cure of patients. Thus, a newly passes out doctor has cured a patient’s “chronic indigestion” within one visit. The new doctor’s father, a senior physician himself whose patient the son just cured, offers his son both praise as well as displeasure: “I am proud of you, but let me tell you that it was Mrs. A’s chronic illness that helped me see you through medical college.” In another tale attributed to this same senior doctor suggests that he prologs the doctor-patient visits and exploits the dependency on the doctor by resorting to lengthy consulting sessions and prescribing medicine that have no pharmacological effect (identified as *Any Damn Thing*, or ADT, in the tale). In another tale, a newly passed out doctor seeks the advice of his teachers for a specialty that would “provide a quiet...undisturbed, stress-free practicethat would make rich soon....” There is a sustained idea in these tales that profits often undermine the cure of a patient, a motif that might be related to how the medical profession is viewed by the public as well as how the medical profession views themselves.



The nurse is better informed?

A patient who is wheeled into urgent surgery is sweating in a panic and is firmly assured by a nurse that the operation is "...very simple...remember there's always a first time..." Apparently the nurse was not talking to the patient, but to the "excited" freshly-passed out doctor (House officer) or probably a newly appointed surgical registrar without much expertise of surgical field. There is an underlying idea here that the well experienced surgical nurse has power over the less experienced doctor who performs surgeries in some hospital settings³. This tale exposes the challenges a trainee doctor (or a trainee surgeon) needs to undergo as a part of his chosen profession as well as how 'hands-on' experience of a nurse could be of enormous benefit for pre-operative and post-operative care of patients.

Multiple Consultation of Doctors

One tale recounts the experience of this medical consultant who "jumped down" on his patient who had consulted another doctor. A rural patient naively tells this doctor that he had consulted his "village doctor" before seeking treatment from him. The doctor is angry and demands to know the "foolish advice" given by the village doctor—to which the patient naively retorts: "Sir, he advised me to consult you." This tale presents a seeming habit of patients in Sri Lanka to seek multiple opinions from doctors—a practice, according to this tale—disliked by doctors.

CONCLUSION

The humorous folktales re-read for this study reflect the practice of medicine just as much as they are events humored for entertainment. Locating a balance between profit and patient care is seemingly an issue that confronts both senior and newly passed out doctors and perhaps negotiating this balance might be a complex issue. Experienced nurses, just as much as they are useful in setting of surgery might also undermine a doctor's idea of independence. And multiple consultation of doctors by a patient might disrupt the doctor-patient relationship by disrupting the power equation between the two. These tales suggest that the medical community, be their doctors, nurses—or even patients—need space to reflect on their own practice and that the space of a humorous folktale just might offer that opportunity.

REFERENCES

- Dundes, A. (1980). *Interpreting Folklore*. Indiana: Indiana University Press
- Macherey, P. (2016). *A Theory of Literary Production*. London: Routledge
- Medawattegedara, L. (2022). *A Sri Lankan Arrives in Hell': a case of laughing at 'Sri Lanka' and the 'Sri Lankan' in a collection of modern folktales in Power in South Asia: Anxiety, Laughter, and Politics in Unstable Times*. London: Routledge
- The Jolly Crew. (2017). *Wit and Humour*. Colombo: Vijitha Yapa Publication

³ In most hospital settings, only board-certified specialist surgeon is the one who decide on who should perform the surgery and how to perform it. If it is a minor surgical procedure, juniors are allowed to perform under the supervision of a senior who has experience. However, sometimes juniors tend to be 'excited' due to lack of experience. In this case a senior surgeon guides them throughout the procedure.