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Medical Education through the Fiction of Julio Cortázar

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Fiction, by definition, is a genre of literature characterized by narratives, generally in prose, that center around imaginary people and events. Fiction can describe an alternative reality, denounce an injustice, or make a profound observation about everyday life. However, for anyone that has read a work of fiction, he or she understands that it can be much more than just a story. Fiction doesn't only tell of imaginary events; it depicts the human experience. It permits us to escape the real world, and perhaps most importantly, it educates us. An initial question that comes from this statement is if fiction of literary merit can educate us in a more concrete and measurable way, in a way that improves job performance, for example. More specifically, it is of particular interest if fiction can develop skills and habits that can be beneficial in the lives of medical professionals. As someone who aspires to be a doctor, I asked myself, what can I learn from fiction that has medical themes?

This paper seeks possible answers to the first question with examples from medical school curricula, as well as research and statistics about the value of reading fiction in the study of medicine. Throughout this process, an emphasis will be placed on the benefits and challenges of reading fiction in the field of medicine. Overall, I am not stating that this method should be a replacement for traditional medical education, but rather a supplement to the current system. In the canon of medical fiction, there are quite a few often used works, but overall there is a lack of Spanish language literature, which I believe could be beneficial in medical education. Ignoring the Spanish language canon neglects great authors such as Gabriel García Márquez, Miguel de Cervantes, and Julio Cortázar. Cortázar, in particular, is considered as one of the greatest and most analyzed authors of the twentieth century. Additionally, worth mentioning are the Spanish language skills that have become a prized asset in the US medical industry. It is intriguing, then,

that the merit of his writing in regards to medicine has never been analyzed to a great extent.

Therefore, applying what we have learned from the role of fiction, the goal of the remainder of the essay will be to analyze the fiction of Julio Cortázar and propose some works that could be included in medical curriculum in the future.

The Role of Medical Fiction

In today's world, the field of medicine is one dominated by science and reason. Especially in the pedagogy, one sees a distinct absence of the humanities, especially of literature. That is not to say that the humanities as a discipline exclude the faculty of reason, but that generally there is very little mixing of the sciences and the humanities. This could be indicative of a larger issue: that medicine is a field that attracts highly-specialized individuals that may lack empathy. Regardless of the cause, the study of literature could be one way to combat this problem. There has been a push in various medical schools for the instruction of the humanities that normally includes conferences, discussions, and essays about various literary works. For the medical student, the inclusion of literature in medical education serves various purposes, among these the development of patient interview skills and empathy towards patients (Baños, 165). Literature as fiction presents a great contrast to the medical texts that can be generally quite arid, making them arduous to read. Here, fiction can occupy an entertaining and useful role because of the creativity and variety that make it enjoyable. Also, reading fiction could be less risky for new students by teaching them about illness without putting them in high-pressure situations. Various experts affirm that this can help to avoid errors and unnecessary suffering for the patient (Baños, 162).

Despite not presenting real situations, fiction undoubtedly can produce a more dynamic and varied image of the possibilities of the everyday occurrence. In a medical context, reading fiction with medical situations, that for the purpose of this paper we will call medical fiction, can increase the amount of experience one can gain outside of the hospital. For example, a student that reads about psychosis in a novel and studies its pathology in class may be better prepared to handle it in a clinical setting than one who has only studied its pathology. From this idea comes the theory of introducing literature in the pre-clinical curriculum in medical school. To clarify, in the United States, the first two years of medical school are labeled as “pre-clinical,” while the next two and subsequent specialization are called “clinical.”

The first course to incorporate literature began in 1972 at Pennsylvania State University College of Medicine with the idea of enriching the medical curriculum. This first-year course was developed with the goal of compiling different perspectives, stories, strengths, and weaknesses about the doctor-patient relationship for the benefit of the students. Today, it is estimated that about one-third of medical schools in the United States include the humanities in one form or another. Another medical university, la Universitat Autònoma de Barcelona, has implemented a course that teaches works of fiction like *El amor en los tiempos del cólera* y *La enfermedad de Sachs*, as well as movies and autobiographies, with the objective of focusing on the emotional aspect of medicine and reflecting on the individual and societal consequences of sickness. Before the class, the 67 students that took part in the course were very critical of the school’s curriculum, but they saw the course material as an “ejercicio de empatía” (exercise in empathy) and investment in their profession. The students not only read, but also dedicated themselves to reflecting on and debating the themes of the course. It makes sense, then, that the professors observed an elevated level of satisfaction, motivation, and attendance among the

students. Additionally, and perhaps most importantly, the quality of the student's work increased as well (Loscos). Some would say that only the most ambitious and intelligent students would take additional classes and because of that are already disposed to be better students. However, similar results are seen in mandatory courses as well, meaning that reading medical fiction has benefits for students across the board, not only for the high achievers. But the research on studying humanities as a part of medical education does not end there. There have also been efforts to include them in the clinical curriculum of medical school as well. In a study by Johanna Shapiro, poetry and prose was introduced into the third year curriculum with the objective of improving empathy, the management of patients, and reducing stress. The course took place during rotations in family medicine and consisted of 180 students. With the addition of just a few readings, the students reported greater attention to detail and the human aspect of diagnosis and an interest in incorporating what they had learned into their medical practice. Although the study was self-reported and showed some mixed results, in total more than 80% of those that responded to the survey reported a greater level of empathy, suggesting that literature can bring benefits in clinical education as well.

Thus, reading medical fiction can have benefits for medical students, but it also proves beneficial for medical professionals outside of education as well. Studies have shown benefits for various medical professions, including doctors and nurses. More than being a source of relaxation, reading actually can create better citizens and leaders, says Harvey Simon, MD. Reading fiction allows a person to experience sickness, and differences in race and sexuality without social pressures and the influence of outside opinion, something that can help a doctor confront these problems in real life. The evidence for emotional impact exists as well. In a study called "Reading Literary Fiction Improves Theory of Mind," by David Kidd and Emanuele

Castano, the authors concluded that reading literary fiction, in comparison to popular fiction, non-fiction, and not reading at all, increases skills related to emotional intelligence, social perception, and empathy. They found that adult readers of literary fiction consistently showed higher scores in these categories measuring emotional capability. The Theory of Mind study affirms that literary fiction invokes psychological processes that are important in detecting and understanding the actions, feelings, and emotions of other people, all invaluable skills for a medical professional (Kidd & Castano, 377). These characteristics go hand in hand with the definition of clinical empathy given by Jodi Halpern, MD, PhD: “the act of recognizing and trying to understand the situation of another resulting in true concern for the patient” (Halpern, 670). A helpful example could be a patient with stage four lung cancer. A doctor with empathy would design a treatment plan taking into account not only that pathology and most effective medicines, but also the lifestyle, hopes, and goals of the patient. The evidence suggests that doctors who demonstrate empathy in clinical situations have more satisfied patients who adhere more strictly to treatment, complain less, and file fewer lawsuits (Decety, 233). Constructing a relationship based on confidence is essential; if a patient feels comfortable with their doctor, he or she is more likely to elaborate on his or her story and share more of his or her symptoms. Thus, there is a clear connection between the emotional capacity of a doctor and the ability to care for patients.

A New Perspective on the Fiction of Julio Cortázar

Now that the value of fiction in the medical field has been supported, the central focus of this section will be on the short fiction of Argentine writer Julio Cortázar. Cortázar, as an author and person, is somewhat of an enigma, and his eclectic and unorthodox style is seen as a result of

his childhood and experiences. Born in 1914 in Brussels to Argentine parents, he was raised in ever-changing circumstances. At the age of four, the family moved to Buenos Aires, the place that appears physically and culturally in many of his works (Harss, 33). As a boy, his physical appearance was quite odd for an Argentine. He was tall and skinny with freckles and suffered from asthma, all characteristics that separated him from his companions and resulted in many hours alone with his nose in books. He began writing at an early age, but his first published work, *Presencia*, wasn't published until 1938. In the years prior, he taught at various high schools and universities throughout Argentina while learning English and German and perfecting his art as a writer. His first collection of short stories, *Bestiario*, was published in 1951 and announced his grand arrival as an author. This occurred shortly after his move to Paris, a result of a governmental scholarship from the French government and political pressure from the Peronist regime due to his political ideology (Standish, 4). Other milestones in the works of Cortázar include the publication of *Los Premios* (1960), *Todos los fuegos en fuego* (1966), and of course the novel *Rayuela* (1963).

Overall, his style is one of fantasy, myth, and surrealism infused into everyday life. Many of his stories present ordinary people in ordinary situations that become extraordinary. As a result, the characters are forced to react and reflect on their circumstances (Standish, 7). Cortázar's experiences in exile and his European roots gave him a unique perspective on the situation in Latin America, something that appeared in the form of social critique and psychological themes in his writings. Although not very common, medical themes appear in a number of his works as well. This is not a surprise because Cortázar himself experienced illness in his life. His illnesses affected not only him, but those around him as well. As a young boy, he suffered from asthma and hormonal problems that were the reason for his height and youthful

appearance. His sister, Ofelia, had a severe form of epilepsy. The conditions of the children led to their mother being obsessed with health and sickness (Moran, 163). Cortázar continued to experience sickness in his young adulthood when he began to have neuroses and nightmares due to self-inflicted pressure related to his job as a translator. Standish suggests that writing could have been therapeutic for Cortázar leading to the incorporation elements of psychosis and nightmare in *Bestiario* (Standish, 5). At the end of his life, Cortázar was plagued by yet another illness until his death in 1984, a chronic condition that many suspect to have been AIDS. Therefore, it is clear that illness left its mark on the life and works of Julio Cortázar, and although he was not a doctor, he had plenty of experience with its effects and treatment as well. These experiences appear in various ways in his writing, but most notably in his short stories. This paper focuses primarily on three of these: “Cefalea” (Migrane), “La señorita Cora” (The Nurse Cora), and “La salud de los enfermos” (The Health of the Sick). I will present a short summary of each story followed by analysis of medical themes and critical perspectives. Also, I will argue the validity of these stories as works of medical fiction and how they may be helpful in medical education, such as in the courses described above. “Cefalea” presents themes of pain and the treatment of mental illness. Although not explicitly mentioned, some sources suggest that the story takes place in a mental institution and that the characters are patients. “La señorita Cora” has themes of death and the patient-caretaker relationship, and it reveals the thoughts of a nurse as well as her patient, a 15-year-old pubescent boy. Finally, “La salud de los enfermos” centers around a family affected by illness in multiple forms. One sees here themes of the effects of illness, the aging process, and the family in this story. Important and insightful conclusions can be made from each of these three stories about the effects of sickness on a patient.

Importantly, the application of these lessons can be invaluable in the education of a medical professional.

The story “Cefalea” was published in the first collection of short stories named *Bestiario* in the year 1951. The stories of the collection have much in common such as presence of the monstrous and the psychological. Many, like “Cefalea,” reflect the same symptoms of neurosis that Cortázar was experiencing in his daily life. The story, told in first person, tells of a group of workers in the pampas of Argentina who raise and sell strange animals called mancupias. These imaginary animals are described as hybrids with hands, beaks, and thick fur (“Cefalea”, 60). The days of the mancupias are planned hour by hour by their caretakers, down to the cages complete with medical histories of the creatures. Everything begins to change when some of the creatures begin to get sick. The nameless caretakers begin to show symptoms of anxiety, nausea, vertigo, and painful headaches. Although they consult the Doctor Harbin, he prescribes various medications that only worsen the illnesses.

As the story progresses, the medical aspect becomes more and more integrated into the framework of the story. It begins as a simple description of the symptoms of the caretakers, but Cortázar, as is typical of his style, begins to mix reality with the fantastic, giving the story its own form of incurable neurosis. An example of this is the description of the vertigo of the two caretakers and the parallelism between the houses of the mancupias and the skulls of the ill workers: it was ‘como si la cabeza estuviera llena de cosas vivas... Como mancupias’ (It was as if the skull was filled with living things... like mancupias)¹ (“Cefalea”, 52). There are various perspectives about the medical elements of this story. Dominic Moran comments on the open ending of the story and how Cortázar emphasizes the nervous and physical collapse of the pair.

¹ All translations are my own unless otherwise indicated.

Although they are obsessed with health and exhibit strict control over every aspect of the mancupias' lives, they neglect themselves. Ultimately, they become victims of their very own lifestyle. Cortázar, in this sense, uses the mental collapse of the caretakers to represent not only the medical, but also metaphysical effects of trying to classify and control every aspect of life. There is also reference to homeopathy in regards to the treatments used in the story. The treatments and symptoms are renamed with Latin words that are described as paintings in vivid detail. For example, one symptom is described as *Aconitum*, “una violenta tormenta, que pasa pronto” (A violent storm that passes quickly) (“Cefalea”, 49). The idea of using imagery to describe symptoms and medicines to patients comes from Margaret Tyler, a real homeopath (Moran, 166). Cortázar uses this method to describe the illnesses and add yet another fantastic element to his story.

Another perspective, that of Lanin Gyurko, proposes the hypothesis that the characters in the story are patients in a mental institution, and they create the story as a form of protective escapism. In this hypothesis, the characters Chango and Leonor are employees of the institution and react negatively (abandoning the caretakers) when the patients reject reality and create the work of the mancupias. Here, there are two plans of treatment, the hallucination of the patients and the drug regimen prescribed by Dr. Harbin. With the first plan, the mancupias that should function as therapy for the patients become monsters that worsen their illnesses. Here, one sees how their constructed world cannot be sustained, and the mancupias begin to die of hunger while their caretakers are left alone. As the world around them collapses, they try to cure themselves by taking increasingly larger doses of drugs. According to Gyurko, this violates not only the instructions of the doctor, but also the laws of homeopathy and results in even more horrible symptoms of pain and vertigo. In the end, the sad reality is that they cannot save

themselves from the neurosis or the imaginary and overwhelming world they created, a symbol of the fragility of one's health and the limitations of the human mind.

In this story, there are various important medical themes, among them the doctor-patient relationship and the management of mental illnesses. Although Cortázar probably did not think of his stories in this manner, the references to Margaret Tyler and the treatment of the diseases demonstrate that he was undoubtedly thinking about and researching medicine while he wrote the story. As mentioned earlier, the relationship between the patients and Dr. Harbin is not a beneficial one. Unfortunately, patients who disobey medical orders are something very common today. According to an article in *Boston Globe*, up to two percent of patients leave the hospital against medical advice, and half of prescriptions are never filled. (*Boston Globe*). For a professional in the field of medicine, it is important to understand that there will be disobedient patients, and although the doctor is not the main character of Cortázar's story, the situation, if nothing else, serves as a reminder of the realities of medicine and the importance of making sure patients comply with medical treatment. Similarly, the story offers the opportunity to understand better the mind of someone suffering from a mental illness. Since the story takes the form of diary entries written by the caretakers, their thoughts and feelings become much more accessible to the reader. The management of this kind of sickness is crucial, and in the story, one sees how a badly managed situation brought about destruction of both the patients and the manuscipias. A story like this one would ideally foster a greater attention to detail as concerns the mannerisms of the patient and the severity of mental illness. These are important lessons for someone studying medicine, and the evident confusion that pervades the entire work makes this understanding of mental illness very accessible to the reader.

The another story, “La señorita Cora,” like “Cefalea,” focuses on the feelings and thoughts of the patient, but in a way that is much easier to understand. Of the medical stories of Cortázar, I believe that this one is the clearest and most direct because it takes place in a hospital. In the story, themes such as the patient-practitioner relationship, management of pain, and adolescence are present. Pablo, an adolescent 15-year-old, enters the hospital with his mother complaining of stomach pain. It turns out to be appendicitis, and when he undergoes surgery to remove it, a fatal condition is discovered. The nurse Cora, who is in charge of Pablo, exhibits an apathetic attitude and continually makes fun of him. She comments on his pubescent body, calling him “hombrecito” (little man) while giving him injections in his thigh (“La señorita Cora”, 14). Despite her jokes, a sexual tension begins to develop between the two, something that bothers both Pablo’s mother and Cora’s boyfriend, Doctor Marcial. What begins as a professional interaction for Cora becomes an almost maternal relationship when Pablo’s condition worsens. His symptoms include fever, vomiting, and fatigue. In the end, Pablo dies while Cora cries over his body, kissing him and wallowing in anguish.

This story overall seems easier to analyze and more accessible for the reader than “Cefalea” because by this point in his career, Cortázar’s style had begun to move away from the fantastic and more towards realistic stories. The first thing one must understand about the story is the patient Pablo. He is very timid and insecure, partly due to his changing body (Standish, 38). He feels attracted to his nurse, Cora, and tries to make advances on her. However, he does not have any success, and she assumes a condescending attitude towards him, treating him like a boy. Pablo, although he tries, cannot present himself as a man, and he cries from the pain and complains of the sickness that ravages his body. He presents a challenge to Cora, who doesn’t know how to react to his advances, much less his fatal condition. But it is not only she who

makes errors in the treatment of Pablo, but also the doctors that described him as “lo de siempre” (same as always) (“La señorita Cora”, 24). In his case, this meant that they underestimated his condition and did not act quickly enough to save his life. The result is a terrible example of the patient-practitioner relationship that we will analyze now.

As there are many caretakers of Pablo in the story, we will divide them into two categories: women and men. The women (his mother and Cora) are important because they have the most direct contact with Pablo and influence the progression of his disease and treatment. The men (the doctors) have supervisory roles, but they serve as examples of a lack of clinical empathy, or genuine care for the patient. Pablo’s mother is important because she directly influences the treatment of her son. She is very controlling and overprotective of her son, and in a way she prevents his growth process. She is also jealous of Cora, and her complaints for blankets and medical attention for Pablo create a tense environment that makes both Pablo and Cora nervous. Nurse Cora, on the other hand, feels as if she is competing for control of her patient, something that can be very bad for the self-confidence of a medical professional. Cora makes several avoidable errors in the care of Pablo that are important lessons for medical professionals and medical students alike. Although the treatment and errors develop the story and serve literary purposes, the errors also can teach us to recognize the difference between effective and ineffective medical attention. Cora in this story makes two fundamental errors. Firstly, she ceases to be professional with her patient, joking about his condition, sexuality, and pain when she says, “Ya sos un chico creditito,” (You’re already a big boy) after shaving his leg (“La señorita Cora”, 20). This obviously shows a lack of respect and empathy for the patient and is something that negatively affects Pablo’s mental state. After the cruel treatment of Cora and

others, Pablo, surely not by coincidence, falls into depression and deep illness, showing the effect of attitude of the medical team in a patient care setting.

The actions and attitudes of the male doctors also affect Pablo's situation. Again, this emphasizes the need to care for each patient and pay careful and special attention to the symptoms of each case. The doctors De Luisi and Suarez lose the battle against Pablo's illness because they did not take it seriously. They, together with Marcial, serve as examples of cold and arrogant doctors. These doctors reveal a desensitized view of the patient, something that Decety suggests can be negative and dangerous for patients (Decety, 1681). Unfortunately, in the case of Pablo, the lack of respect for both him and his illness worsens the severity of his condition and ends in a death that was perhaps avoidable. These lessons: the importance of being careful with even routine illness and always displaying professionalism, should be fundamental for any medical professional.

Lastly, we have "La salud de los enfermos," an enigmatic story from the ironic title to the classic Cortázar twist at the end. The story is about a tight-knit and generous Argentine family that, like the caretakers in "Cefalea," are trapped by the circumstances of illness. The family is struck by tragedy when the grandson Alejandro dies in an automobile accident in Montevideo at the same time that both Mamá and Aunt Clelia get sick. Alejandro's wife suggests that the family not risk the fragile health of Mamá and hide the truth about the death of Alejandro. They take measures to do so, and soon the lie becomes much more complicated. The family seeks advice of the doctor, Bonifaz, who becomes an accomplice in supporting the ever more complex lie. They tell Mamá that Alejandro moved to Brazil to begin working and that he cannot return because of the political climate, job obligations, and whatever other excuse is necessary to protect her. Routinely, fake letters to Mamá from Alejandro arrive, and she in turn dictates

replies to members of the family. Later, Aunt Clelia also dies, but the family again lies and says that she had to go to the countryside to take advantage of the “buen aire de la quinta” (good air of the country) (“La salud de los enfermos”, 17). The irony of the whole story is revealed when the reader learns that perhaps Mamá knew the whole time about the untimely end of Alejandro. For example, speaking of Clelia and why she never spoke of her sickness, Mamá says to Pepa, “por no afligirte supongo” (to not bother you I suppose) (“La salud de los enfermos”, 16). Later, she says to the family in her last hours, “qué buenos fueron conmigo... Todo ese trabajo que se tomaron para que no sufriera” (How good you all were to me... All that work so that I wouldn't suffer) (“La salud de los enfermos”, 20). In this moment it becomes obvious that the entire family suffers from some kind of infirmity, not physical but psychological. Finally, the ultimate blow comes when the last, inexplicable letter from Alejandro arrives that no one in the family wrote.

The medical themes in this work appear in two forms, the physical infirmities of Mamá and Aunt Clelia and the implicit ones that make the family pathologically lie to their matriarch. First, we will analyze the Cortazarian style in reference to the symbolism and actions of the family. Later, we will speak about the physical illness, its consequences and its applications in the context of this paper. The style of Cortázar in this story is very apparent, beginning with the ambiguous title. More than anything, the story leaves the sense that all are sick, although Cortázar reveals it using different techniques (Standish, 67). There is a small element of metafiction because the family is conscious of the fact that they are creating fiction as well. The theme of universal sickness, like in “Cefalea,” is central to the story, and perhaps an expression of the opinions of Cortázar about society in general.

Referring to one of the initial questions of this paper: What can a medical professional learn from the short fiction of Julio Cortázar? I believe that this story has a lot to offer. The most obvious theme throughout the story is the weight of sickness on a family. Although the illness of Mamá is subtle and grows slowly, the charge of hiding the truth affects the family very negatively. Moran describes the act as a grotesque and senseless farce, again referring to the psychological price that they pay (Moran, 175). Also, the doctor, Bonifaz, plays a large part in developing this farce. During various consultations, he diagnoses Mamá as incapable of handling the news of Alejandro's death and thus becomes an accomplice to the unthinkable game that the family plays. As a doctor, rule number one that comes from the Hippocratic Oath is to act for the good of the patient. In this case, Bonifaz pretends to act in the interest of his patient but obviously does not consider the wider consequences of these actions on the family. As mentioned earlier, in the field of medicine one must recognize and treat every aspect of the patient, including those around him or her. Doctor Bonifaz, like Cora, serves as an example of a lack of professionalism for failing to recognize the complete scope of illness. Although the family does everything possible to prevent the suffering of Mamá, one sees that the aging process was inevitable all along, and it was really they that suffered.

Conclusion

Generally speaking, with each one of these magnificent stories from Julio Cortázar, there can be a debate for including it in a course of medical fiction. “Cefalea,” with its fantastic elements and serious mental illnesses gives an impactful image of what it is like to suffer from a condition that confuses and affects all aspects of life and reality. Also, with a little imagination, one can see it in a medical scenario, with the caretakers as patients and the others as the medical team. “La señorita Cora,” is the most complex and emotional of the stories but also the most direct in reference to medical themes. Nurse Cora is certainly a dynamic character, and she changes as a result of the sickness of Pablo. Although in the beginning she is very rude and unprofessional, she finally realizes the fragility of the life of Pablo and how she has affected the progression of his disease and treatment. Sadly, the hard reality for Cora is that she could have done something to help the boy. This serves as an unforgettable lesson of the power of a medical worker over the circumstances of the sick. Finally, “La salud de los enfermos” demonstrates the importance of being realistic with sickness and understanding its consequences in a medical context. Bonifaz is the example of one who does not consider this, and his actions directly affect the wellbeing of the extended family as well as that of the patient. Through these three short stories, Cortázar uses illness as a diagnostic tool of not only the characters, but the entire society. Despite not being a doctor, Cortázar’s vast medical experience and knowledge of the human condition allows him to make a different diagnosis than that of a medical doctor. The lessons presented in these short stories may not be based on scientific fact, but they are extremely applicable and educational to any medical professional. In the coming fall, I will be attending The University of Tennessee Health Science Center as a medical student, and there I hope to

propose the inclusion of these works and other works of medical fiction into the medical school curriculum. In a way, this author makes an evaluation that no doctor in the world could. This could only be done by a great author like Cortázar, and finally, what remains clear is that we have a lot to learn from the medical fiction of this great professor.

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