

HISTORY OF MEDICINE

Of Cornopleezeepi and Party Poopers: A Brief History of Physicians in Comics

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Abstract

The representations of physicians and medical practice found in comic strips, comic books, and graphic novels throughout the past century reflect broader representational trends in popular visual media. Drawing on examples including Winsor McCay's *Dream of the Rarebit Fiend*, the superhero comics character Stephen Strange/Doctor Strange, and contemporary graphic medicine, this article outlines the shifting models for depicting physicians and medical ethics in comics. It concludes that contemporary representations are often more realistic and nuanced, although gender and racial diversity along with diversity in medical specializations remains problematic.

Introduction

Cartoonist Winsor McCay scattered encounters with doctors throughout his surrealist fantasy newspaper comic strip, *Dream of the Rarebit Fiend*, which initially ran from 1904 through 1911 [1]. In one of the dailies, a man is shot and is skillfully saved in surgery when the physician removes the bullet from his "kopocolus" located near the "diastacutis" [2]. In another, after a woman's corn sprouts stalks, her physician warns her that removing it will cause her to bleed to death, as it's a "cornopleezeepi." He advises her to water it and harvest the resulting ears [3]. These encounters happen only in dreams, induced by the dreamer's consumption of a Welsh rarebit before bedtime. Still, they serve as early examples of popular comics representations of physicians: a bit quackish, they are nonetheless erudite diagnosticians and capable clinicians—at least in the dreamers' minds—who use an arcane language as a demonstration of their authority.

Although physicians appeared intermittently in other comic strips in the 1910s and 1920s, not until the advent of comic books in the 1930s did physicians as characters in comic books and newspaper strips become a more regular occurrence. This essay offers a brief and selective history of some of the broad changes in the representation of physicians in comics originally published in English from 1940 until today. It highlights both the changing conceptions of the profession and the integration of medical ethics into comics storytelling and concludes with recommendations for increasing demographic and professional diversity in future comics portrayals.

Representation of Physicians as Beneficent

“Dr. Mid-Nite,” a character originating in *All-American Comics* in 1941 but continuing in various forms through today, is an example of the beneficence and technical facilities of early comic book physicians. Dr. Charles McNider, Dr. Mid-Nite’s real identity, is presented as a just and heroic figure, “on the verge of a great discovery ... [of] a serum that will save thousands of lives” [4]. A police officer interrupts his work to plead with him to save the life of a witness in a mobster’s trial. McNider’s beneficent approach to medicine means he is “never too busy to do a good deed” [4], but when one of the mobster’s henchmen sees him tending to the still-living witness, the henchman lobs a grenade into the room. Valiant but unnamed surgeons save McNider, although he seems to be completely blind. When an owl crashes through his window one evening, McNider realizes he can see in the dark, and thus begins his career as the crime-fighting (and still medicine-practicing) Dr. Mid-Nite, accompanied by his sidekick Hooty the owl.

As seemingly ridiculous as the examples of Dr. Mid-Nite and the “Rarebit Fiend” physicians might seem today, they helped establish models for comics’ portrayals of physicians—models reflected by other popular media such as film and [television](#). Sociologist Deborah Lupton asserts, “Analyses of the depiction of doctors on American television dramas have found that they were generally portrayed as successful, benevolent, knowledgeable and authoritative, with almost mystical powers to dominate and control the lives of others” [5]. These two comics representations also illustrate a cultural shift in the perceptions of physicians and medicine. Medicine was a site of increasing professionalization and technologizing in the early 20th century, but popular media were slow to move from their perceptions of physicians as eccentric purveyors of questionable remedies [6]. The 1937 film *Internes Can’t Take Money* (based on a 1936 story by Frederick Schiller Faust, using the pseudonym Max Brand), which introduced Dr. James Kildare, established a new model for portraying physicians in popular media.

The physician was not to be seen simply as an educated individual who had learned a valuable trade. Instead, he was to be seen as a member of a modern elect: a contemporary knight whose painful movement through the lists of training had shown that he had the heroic stature necessary to link a compassionate nature to the wonders of healing technology [7].

In this paradigm—exemplified by Kildare as well as Dr. Mid-Nite—writers seldom needed to make explicit significant ethical quandaries because characters embodied principles of justice and beneficence, making the outcomes predictable.

Portraying physicians as altruistic and at the vanguard of medical technologies and discoveries was not limited to fictional characters. In a 1941 issue of *True Comics*, an educationally-focused comics serial from the publishers of *Parents Magazine*, a story on

physician, microbiologist, and Nobel laureate Robert Koch, for example, portrays him as toiling ceaselessly to find the cure for anthrax, resulting in a “great discovery” [8]. Koch is rewarded with a prestigious professorship and the Nobel for his “genius” [9]. Because he “discovered the germ that caused cholera ... [and] explained to the rulers of the country how to destroy it” [10], the comic implies that the compassionate, technology-wielding hero Koch almost single-handedly saved the people of India. Similarly, a 1943 story in *Real Life Comics* idealizes the life and legacy of Dr. Wilfred Grenfell [11]. Grenfell is first shown as a child, possessing a singular awareness that sailors lack adequate medical assistance when at sea. As a young doctor, Grenfell receives an opportunity to work with North Sea fisherman, immediately assents to his destiny—“It’s what I’ve always wanted to do! Count me in!”—and embarks on a series of “acts of heroism” [12]. Grenfell faces incredible dangers and applies an almost superhuman work ethic, acting unselfishly and applying technological ingenuity to solve the medical problems facing the communities he served.

Comics Physicians Begin to Explore Ethical Dilemmas

Gradually comics began portraying physicians in more nuanced ways that allowed for the depiction of ethical conundrums. Created by psychiatrist Dr. Nicholas P. Dallis under the pseudonym Dal Curtis in 1948, the newspaper comic strip physician Rex Morgan, MD, which continues in syndication today, provides a key example. In a December 1950/January 1951 arc, a nurse attempts to euthanize her severely ill father. Morgan discovers what has happened, saves the man from death, and plans to discipline the nurse. Brice Adams, another physician, criticizes Morgan’s ethical approach: “The fact that Jan’s father is going to die anyway seems to make no difference to either of you!” Morgan responds, “Our job is to prolong life ... not to decide when it should be terminated” [13]. The short-lived comic book series *The Young Doctors* provides other examples of ethical decision making. The series features handsome, young white physicians—surgeon Cliff Landon, psychiatrist Martin Burke, and intern Tom Brent. While it dispensed with the overt superheroism that dominated clinicians’ portrayals in comics in the preceding few decades, *The Young Doctors* maintained the racial status quo of real-world medicine, in which even as of 1972, fewer than 3 percent of US medical school graduates identified as nonwhite [14]. These stories, however, occasionally showed characters wrestling with ethical dilemmas instead of inherently making ethical choices. For instance, in a story titled “The Party Pooper,” Brent shirks his hospital duties to attend a party where friends have “a cute little trick lined up for” him [15]. Ultimately, his sense of duty overwhelms him at the party, and Brent rushes back to the hospital to complete his work. In another story, Landon must decide whether to divulge to police what a criminal suspect tells him on the operating table [16].

While characters such as Rex Morgan and the trio in *The Young Doctors* were portrayed in generally positive ways, Marvel Comics’ Doctor Stephen Strange went against this norm. As with Dr. Mid-Nite before him, Strange, who debuted in *Strange Tales* #110 (July 1963)

and continues as a character in various Marvel publications today, transformed from human to superhero because of an accident. Strange began as an egotistical, money-grubbing, brilliant surgeon who has to reinvent himself after an accident destroys the nerves in his hands; in the process he develops mystical powers that outstrip his surgical ones [17]. Doctor Strange entered the scene at the same time as *The Young Doctors* trio, providing an intriguing contrast to the others' relative realism: Doctor Strange's emphasis is most decidedly on "strange" rather than "doctor." Despite the lack of a medical storyline, Strange's deepest involvement with anything resembling medical ethics comes during 2007's *Civil War* story. Refusing to choose sides in a battle between superheroes who disagree whether a new government superhero registration requirement is good, Strange isolates himself. Because he fears the loss of life that might ensue were he to abandon his neutral position, Strange meditates on an outcome that "is best for all mankind ... and spills the least amount of blood" [18].

Comics Physicians Become Increasingly Human

Just as onscreen images of physicians began in the 1970s to shift from idealized and infallible heroes to still heroic but imperfect humans [19], so the depictions of physicians in contemporary nonsuperhero comics veer toward portraying them as messy and fallible humans with imperfect medical knowledge. In doing so, comics can address more nuanced issues such as physician-patient relationships as well as more sympathetic portraits of physicians. David Small's memoir *Stitches: A Memoir*, for instance, portrays his radiologist father as an angry, distant man, who regularly treated Small's respiratory ailments with radiation, creating a life-altering and nearly life-ending cancer in teenage Small's throat [20]. The book raises multiple questions about physicians treating family and ethics of care. Iwan James, the rural Welsh general practitioner in Ian Williams's *The Bad Doctor: The Troubled Life and Times of Dr. Iwan James*, is not threatening like David Small's father [21]. Rather, he is a decent man and competent doctor whose life, both personally and professionally, has ceased to be rewarding. He also happens to have obsessive-compulsive disorder, the same as a patient he is treating, allowing him to reflect on the care he provides. As the story unfolds, the reader finds James to be an extraordinarily human clinician, not a bad one.

Physicians' everyday humanness continues as a theme in many of the comics in the *Annals of Internal Medicine*. In "Internship," for example, a confident, optimistic new intern is stumped and must rely on Google after his *first* patient requests something for her headache [22], while in "Breach of Confidentiality," a physician arrives home one day and decompresses by telling a story about a patient [23]. Near the end, she reminds her listener—revealed in the next panel to be a cat—not to tell anyone.

Conclusion

The [graphic medicine](#) movement of the past decade, which spurred the development of the comics described in the previous section, is poised to continue pushing

representations of physicians, medicine, and ethics toward realism. Between the 1930s and the 1980s, comics physicians tended toward technical and ethical perfection. Writing about Rex Morgan in 1972, a physician commented, “He does not need anyone, but everyone needs him. He does everything from psychiatry to surgery, and rarely makes a referral ... [he is a] fantasy of the omnipotent male” [24]. Today, as with Ian Williams’s *Bad Doctor*, omnipotence is no longer a central feature, although physicians are still primarily portrayed as white males.

Thus, a basic representational challenge remains. Comics hold few positive examples of nonwhite, nonheteronormative male physicians, making it essential that health care professionals in comics reflect greater ethnic, racial, and gender diversity. Cecilia Reyes, the Puerto Rican surgeon, and Michael Twoyoungmen, an indigenous surgeon, both of whom are part of the *X-Men* universe, along with Beth Chapel, an African-American physician who assumes Dr. Mid-Nite’s identity, are starting points—but only that. Likewise, comics physicians must be depicted as something other than surgeons. Surgery and trauma care are more readily visually engaging than endocrinology or geriatrics, but easy representation is no excuse for maintaining an unrealistic status quo. As the comics industry generally pushes to diversify creators, characters, and stories [25], comics that emphasize health care and medicine must also be intentional in portraying diversity. Only then will the future remain bright for representations of physicians and health care in comics.

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