

## “Bedded and bedrid”: Severall Steps in Our Sicknes

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Those of you who are familiar with the subject of this presentation will immediately perceive that it bears an erroneous title. But this is no misprint. I intend today to refer not just to John Donne, but to John Donne and me. I will give you a personal reading of Donne’s *Devotions Upon Emergent Occasions and severall steps in my Sicknes* (1624).<sup>1</sup> This reading I have found extremely difficult to formulate, for it moves sharply from a rather habitual scholarly reading of Donne’s book to a discovery that the *Devotions* has intertwined itself within and about my own response to a catastrophic personal illness. The *Devotions* has always been “my” book in the scholarly sense with which I am sure you are familiar. But the book has now demanded that it become “my” book in a new sense: Donne’s own public book of devotions has become my own private book of devotions. Forgive me if I now resort to the immediately personal, but this needs elucidation if I am to make sense here today.

In 1980 during routine surgery blood transfusion, I was infected with the Hepatitis C virus, which remained dormant until 1997. Then my health began progressively to deteriorate, although the drug Interferon bought some remission—at a high price I might add. In the end,

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This essay is a somewhat altered version of the Presidential Address that I delivered at the Twenty-Fourth Annual John Donne Society Conference, Baton Rouge, Louisiana, 21 February 2009.

<sup>1</sup>All quotations from Donne’s *Devotions Upon Emergent Occasions and severall steps in my Sicknes* will be taken from *Devotions Upon Emergent Occasions Together with Death’s Duel*, an edition published in 1959 by the University of Michigan Press. Page references will be provided parenthetically in the text.

however, I found myself at the predictable Hepatitis C endgame: my liver was shredded with sclerosis and sported a 7 centimeter malignancy. In an effort to shrink the hematoma, my doctors employed both chemotherapy and ablative laser surgery. At the same time that my body was battling the combined toxins of illness and drugs, the completion of an edition of the *Devotions* occupied my mind. I found myself reading Donne's book in a new light—through the eyes of one who, like Donne, was experiencing her own emergent occasion.

My initial response to the *Devotions*—more years ago than I enjoy counting—was recorded in a graduate seminar paper that has mercifully vanished into the past. All that is left of this miserable document are my hubristic marginal notes, today as obscure to me as the *Devotions* itself was then. However, I was not alone: I found that Donne's *Devotions* has proved recalcitrant material to a modern audience, whether scholar or "common" reader. Indeed, unlike much of his equally perplexing poetry, nowadays the *Devotions* is mostly just not read by that reader nor is it much studied by critics. But recent events in my own life have concentrated my mind wonderfully. As a result, Donne's last major prose work has begun to open itself in a particularly poignant fashion, and it has caused me to look at Donne's record of his 1623 illness with fresh eyes. In the process, I've found that the correspondence between our situations is uncannily close, and Donne's *Devotions* has become more and more my own devotions.

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Edmund Gosse, that most cogent reader, has aptly pinpointed the historical glamour of the *Devotions*: "Nowhere in the whole of Donne's writing do we obtain quite so personal an impression of him as in these strange notes concerning the progress of his illness in the winter of 1623."<sup>2</sup> Donne suffered from typhus, which was epidemic in the winter of 1623, when folks donned their woolies, unaware that the body louse eggs lurking in the fabric seams carried the lethal microorganism *Rickettsia prowazeki*. This bacterium attacks the vascular endothelium, literally exploding the cells lining the veins and arteries. The onset was

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<sup>2</sup>Gosse, *The Life and Letters of John Donne, Dean of St. Paul's*, 2 vols. (1899; Gloucester, MA: Peter Smith, 1959), 2:186.

swift and surprising: "this minute I was well . . . I . . . can impute it to no cause" (p. 7). It began with a sudden high fever ("he melts so away as if he were a statue . . . of snow" [p. 12]) that literally felled him: "I fall sick of sin, and am bedded and bedrid, buried and putrified in the practice of sin" (p. 10). He is not exaggerating when he sees the fever as deadly: "our dissolution is conceived, [quickened] in these first changes" (p. 8), for the spotted or purple fever, as it was then called, took its victims quickly and lethally. He imagines the gossips asking: "How long was he sick? . . . the hand of death pressed upon him from the first minute" (p. 14).

He experienced hot flashes, extreme sensitivity to sound, violent shivering, bright flashes of light in his eyes followed by a dimming of vision. He passed bloody urine suddenly and frequently: "These thunders, sudden noises; these eclipses, sudden offuscations and darkening of [the] senses; these blazing stars, sudden fiery exhalations; these rivers of blood, sudden red waters" (p. 8). In my own case, I experienced all of these, although in slightly different order. First the copious bloody urine, then a fever so high that it "does not melt . . . like snow, but pour . . . out like lead, like iron, like brass melted in a furnace" (p. 12). Donne was drenched in sweat "from the brow to the sole of the foot" (p. 13). He took to his bed, too weak even to raise his arms. His knees, he says, are "sinking and strengthless" (p. 13). The thin bed sheets weigh on him like "iron doors" (p. 20). Loss of appetite, relentless insomnia, and constant tinnitus followed. "The taste is insipid, . . . the appetite is dull and desireless, and sleep . . . is taken away" (p. 13). "I eat no bread, I taste no sustenance" (p. 13), he says. (As my own fever progressed beyond 104 degrees, I myself actually fell off the bed and had to take refuge in a cold bath. All this before I finally found the good sense to seek help.)

Not so John Donne. He knew that this state of affairs was more than serious. Indeed, it was more than possibly fatal: "God . . . dost not only remember me, by the first accesses of this sickness, that I must die, but inform me . . . that I may die now" (p. 15). His stepfather John Syminges had several times been President of the Royal College of Physicians, which was said to have met in his residence, and tradition holds that Donne's learning in medicine would have qualified him for the profession had he so chosen. In accord with the medical practice of his time, he checked his own pulse for rapidity, strength, and resistance to pressure and his urine for color, odor, and turgidity (condensed quality or

wateriness). Consequently, in his *Devotions* Donne records a knowledgeable confrontation with the onset of the illness, its progress, treatment, crisis and recovery, as well as the fear of possible relapse. And he does so without the aid of modern diagnostic tools, based upon a soon to be obsolete theory of Galenic/Aristotelean humoral medicine. His world was two centuries away from the germ theory of disease, so that for him his illness is a “perplexed discomposition,” a “distemper” (p. 9). For Donne and his contemporaries it was not infection but the imbalance of the four humors that had poisoned his body, which must be restored to a healthful balance. Galenic medical theory held that the diseased humoral spirits rose as vaporous heat proceeding to the heart and thence to the brain. There by a process of concoction and rarefaction they were transmuted into intellectual or animal spirits. In the ventricle of the brain they distorted the operations of the imagination, the memory, and the intellect. This is reflected in much of the rapidly issuing, almost garbled imagery that floods individual devotions, particularly the Meditations.

However, it was really practical nursing care, then as now, which kept the patient from succumbing to the high fever. Donne knew that he continued in grave danger of heart failure, and his doctor agreed: “Therefore doth the physician intermit the present care of brain or liver, . . . [since] there is no possibility that they can subsist, if the heart perish” (p. 71). My cardiologist would agree.

At last count, besides that cardiologist, I have six doctors plus two physician’s assistants and a microbiologist nutritionist. Donne had three, perhaps more: “The physician desires to have others joined to him” (p. 43), he says. Donne’s own doctor, Simeon Foxe, was fearful, and he called in consultants: “Diseases themselves hold consultations, and conspire how they may multiply, and join with one another, and exalt one another’s force so; and shall we not call physicians to consultations?” (p. 43). In one instance at least, the consultant was an eminent specialist: Theodore Turquet de Mayerne, French physician to the King, who dispatched him to Donne’s bedside. After all, says Donne, “it perfects the happiness of kings, to confer, to transfer, honour and riches, and (as they can) health, upon those that need them” (pp. 51–52). In his published case notes, Mayerne described the spotted (also called “purple”) fever in these terms: “This extremely dangerous fever . . . is full of a malignity which, arising from the extreme putrefaction [read “toxicity”] of the dry humours, is accompanied by a ferocious fermentation of the blood which

boils up in the major veins. It smites the heart, the spirits languish, vitality is severely weakened, and the pulse grows extremely feeble.”<sup>3</sup> A medical pioneer, Mayerne was among the first to advocate the bedside case study of disease and the ensuing written case history. He is credited with introducing calamine lotion as well as concocting the coronation oil still in use by the British crown. A major contributor to the first London Pharmacopoeia of 1618, he was obviously the star of Donne’s medical team.

These assembled physicians, much like my own gaggle of experts, didn’t do much actual hands-on treatment: they read test results instead. (How long has it been since you’ve had a doctor actually touch you? What ever happened to the laying on of hands?) Besides Donne’s own informed testimony—“They have seen and heard me, arraigned me in these fetters and received the evidence; I have cut up mine own anatomy, dissected myself, and they are gone to read upon me” (p. 56)—they took pulse and temperature readings (much differing in method and accuracy from today’s procedures) as well as visual readings of the blood saturation and gravity of the urine (held in a human-shaped glass vessel). These as well as their own presumably extensive experience prompted their prescribing. Essentially they recommended the modern symptomatic and supportive treatment still used for typhus, minus antibiotics: good nursing care, maintenance of nutrition and fluid balance, prevention of cardiac failure, and the mitigation of fever and delirium. If we were in Donne’s bedchamber, this is what we would experience. First, it would be cold. The windows would be opened to the December air in an attempt to cool the patient. Moreover the Dean, covered in that bloody rash, was stretched nearly naked on a bed whose heavy winter curtains had been taken down and replaced with cold wet sheets, again in an attempt to provide some kind of cooling for the raging fever.

The physicians seem to have abstained from immediate bloodletting—although Mayerne’s treatise on the spotted fever advocates opening the vein under the tongue and lancing the hemorrhoids, both important locations of melancholic vapors. Cordials were prescribed, aimed at strengthening the heart. Most of these were concoctions of herbs and fruits, with a base of honey, ale, or strong Rhine or canary

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<sup>3</sup>Mayerne, *Opera medica*, ed. J. Browne (London, 1701), pp. 305–306. The translation from the Latin is my own.

wine. Or they consisted of barley broth, herb emulsions, distillations of sorrel (a common fever remedy of the day) and fruit juices, and, less pleasant, spirit of vitriol, sulphur, and mineral salts. Practical but unpleasant was the restoration of fluid balance by means of clysters (premodern Fleets enemas). Donne was likely massaged with scorpion oil (an antivenom prepared by combining thirty live scorpions captured when the sun was in Leo with oil of bitter almond, the mixture allowed to ripen in the sun for forty days). His dried-out gums and furred tongue were rubbed with electuary pastes intended for cooling the humors that had effectually shut down his salivary glands. Moreover, his throat was obstructed by swollen lymph nodes. ("One is said to have come nearer our case than so, to have strangled himself . . . by crushing his throat between his knees" [p. 78].) After these nostrums came cupping and blistering to draw the "boiling vapors" away from the head and the heart. (Another, and more famous, method of drawing the toxic vapors down was the application of a freshly killed animal carcass to the soles of the feet, most often a dog. In Donne's case, it was pigeons. This gave rise to the twelfth Devotion, subtitled *They apply pigeons, to draw the vapours from the head.*)

On the fourth or fifth day of the illness Donne broke out in spots—not just spots, but an ugly dark-red rash, certain proof of the "purple" or "spotted" fever diagnosis. More technically, the rash manifested the microorganism's attack on the endothelial cells lining the blood vascular system, manifested first at the waist or throat and extending over the torso and shoulders. It was an irregular dusky mottling that darkened to deep purple, owing to the appearance of crimson or red-brown macules of varying size, interspersed with petechiae (minute hemorrhages associated with infectious diseases). Hence the term "purple fever," for the term "purple" was used for what we would today call dark crimson or maroon. (Hence the line in "Hymne to God my God, in my sicknesse": "So in his purple wrapp'd receive me Lord" [26].<sup>4</sup>) I, too, developed spots: a side effect of medication was the widespread outbreak of itchy adult acne all over my legs.

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<sup>4</sup>Donne, "Hymne to God my God, in my sicknesse," in *The Complete Poetry of John Donne*, ed. John T. Shawcross (Garden City, NY: Doubleday, 1967), pp. 390–392.

This is a picture of awful suffering, not just from Donne's illness but also from well-intentioned attempts at cure. But more was to come. The rash signaled the stage where most patients succumbed, more to the doctors, however, than to the disease. Although the patient had rallied somewhat, the physicians determined that it was time for the delicate and sometimes deadly process called physick. Donne viewed this with trepidation, and with good reason. Even healthy people who submitted to a seasonal purging had to undergo a period of recuperation from the process. Donne called it "a violating of nature, a farther weakening" (p. 133). "O dear price," he muses, "and O strange way of addition, to do it by subtraction: of restoring nature, to violate nature; of providing strength, by increasing weakness. . . . And is it a question of comfort to be asked now, did your physick make you sick? Was that it that my physick promised, to make me sick?" (p. 133). The ingredient of physick recommended most commonly was antimony, a toxic crystalline chemical that if administered internally excoriated the intestinal wall. The resulting stool was dark and poisonously odiferous. Premodern medicine deemed this substance to be the material remnants of the melancholic humor. It wasn't. Rather, it was an indication of intestinal bleeding. The doctors had brought their patient through a near fatal illness only to administer a supposed medicine that was toxic, weakening, and life threatening.

Anyone who has undergone or who has witnessed the effects of chemotherapy will find a strong similarity between many of Donne's symptoms and the effects of his own treatment: the dry mouth and constricted throat, the overwhelming weakness exacerbated by insomnia, the bloody urine and stool, the anorexia and nausea, even the addled mind (in Donne's case manifested by the rhetorical overload of the *Meditations* in particular).

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That rhetorical overload is what prompted Jonathan Goldberg to admit the degree to which he was stymied by the *Devotions*. It is, he concludes, "a difficult book to read," adding that this is "largely because its perpetual self-interest makes it stray from devotional topics while as a

devotional book it wanders into areas far from self-concern.”<sup>5</sup> Implicit in Goldberg’s *crie de coeur* is a critical quandary shared by the *Devotions* that is central to much modern perception of religious art. Those critics who have chosen to view the work primarily as highly individual religious expression have often done so largely by ignoring the work’s substantial claim to art. Others, although they have not necessarily ignored its artistic merit, have too often dismissed its artifice as questionable, albeit brilliant, self display. Until recently most have opted to submit to the rigors of a reductive critical or theoretical lens, and their readings have stemmed, in the first half of the twentieth century from personal and, nowadays, from political or sociological stances.

My own response to Donne’s *Devotions* has been scholarly—basically intellectual and (less forgivable nowadays) aesthetic. However, if my graduate work long ago acquainted me with Donne’s perplexing book, it also acquainted me with Augustinian poetics. The revelation of internal form revealed by Augustinian methodology led to a fascinating insight into Donne’s poetic practice. But used alone, this focus on the minutia of structure can lead to critical arrogance. And it is an approach pretty much unusable for the “common” reader. For the critic it may seem to lack compatibility with customary judgment of the spontaneous textual surface discourse. My own reading of the *Devotions* as set out in my book *Holy Delight* was definitely *not* spontaneous—it was the result of almost fifteen years exploration of Augustinian poetics.<sup>6</sup> I find myself now even more aware of the Renaissance use of structural devices to ratify, enhance, or even oppose the discursive level of poetry. But even these manifestations of an arithmetical and spatial structure cannot tell the whole tale. Indeed, such reading, if employed exclusively, was in danger for me of becoming a critical dead end.

However, encouraging voices, three of whom I shall cite here, have begun here and there to express support. The first, the late Earl Miner, pointed out that, although authorial involvement in a premodern work legitimately entails such elements as a triadic construction of

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<sup>5</sup>Goldberg, “Not Unto Death: The *Devotions* of John Donne” (PhD diss., Columbia University, 1971), p. 4.

<sup>6</sup>Frost, *Holy Delight: Typology, Numerology, and Autobiography in Donne’s “Devotions Upon Emergent Occasions”* (Princeton, NJ: Princeton University Press, 1990).



public/private/social persona, we must consider seriously as well the pressures of occasion and historical context—certainly a “must” for the *Devotions*, whose very title asks us to consider the historical moments of its composition in all their ramifications.<sup>7</sup> Edward Tayler in *Donne’s Idea of a Woman* has admonished that “we ought not . . . to impose [our] own [modern] habits of reading . . . upon the older poets. . . . We owe it to ourselves, as well as to our ancestors, to try to get it right, which in the last analysis means to get it different from ourselves. . . . To the dead as to the living . . . we have our obligations, moral and psychological; and the first of these . . . must be to try to understand others . . . in their own terms. Exegesis before eisegesis.”<sup>8</sup>

And finally, for me both a reprieve and a challenge, John Shawcross’s *Intentionality and the New Criticism* has legitimized both intentionality and spatial/numerological investigation: “Authorial presence,” Shawcross says, “means that the author has fashioned a piece of literature, has set up the words . . . in some arrangement . . . within a form. . . .”<sup>9</sup> As I have argued elsewhere concerning Shawcross’s comment here on authorial presence, “Fashioning, setting up, and arrangement of words do not mean today exactly what they meant in Ben Jonson’s time. [I was speaking of *To Penshurst*.] It is the reader’s . . . responsibility to acknowledge intentional form within its historical context before adventuring into modern critical waters.”<sup>10</sup>

Like Miner and Shawcross, I find it important to recognize the tension between the kind of reading that emphasizes craft and one that emphasizes the spontaneity of the discursive text. Indeed, in reading Ben

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<sup>7</sup>Miner developed these concepts in his comprehensive studies of the Metaphysical, Cavalier, and Restoration modes. See *The Metaphysical Mode from Donne to Cowley* (Princeton, NJ: Princeton University Press, 1969), *The Cavalier Mode from Jonson to Cotton* (Princeton, NJ: Princeton University Press, 1971), and *The Restoration Mode from Milton to Dryden* (Princeton, NJ: Princeton University Press, 1974).

<sup>8</sup>Tayler, *Donne’s Idea of a Woman: Structure and Meaning in “The Anniversaries”* (New York: Columbia University Press, 1991), p. x.

<sup>9</sup>Shawcross, *Intentionality and the New Criticism: Some Liminal Means to Literary Revisionism* (University Park: Pennsylvania University Press, 1991), p. 13.

<sup>10</sup>Frost, “‘All Come In’: Penshurst as David’s Tabernacle,” *Explorations in Renaissance Culture* 32.1 (2006): 103.

Jonson's *To Penshurst*, I have maintained that "the reader must also consider that the poet's relationship with the poem is one of craft, with the pull between technique and content . . . that this tension often entails." And it is my belief that Augustinian poetics confronts this tension, advocating habits rather different from those generally employed by the modern reader of a premodern text. It mandates that one subordinate the habit of deriving primary meaning from *sequential* textual order to an overview of the work. Shawcross maintains that this process entails identification and serious consideration of the premodern poem's structural subtexts, defining structure as "a spatial form with perhaps some geometric properties . . . that may be defined by movement within the work, . . . relationships of parts, or physical elements . . . that is the result of a process of creation on the part of the author."<sup>11</sup>

My primary aim generally has been to view the Donne's *Devotions* in terms of its formal and aesthetic expectations as well as in terms of the circumstances and milieu of its writing. This allows for both the poem's structural revelations and for its discursive surface—literal referents, tone, theme and image, cultural and historical references, rhetorical strategies, and so forth. In effect, my critical plight is that of the blind men and the elephant. I have heretofore busied myself exploring the critter's boney spinal protuberances, that is, the *Devotions* spatial and arithmetical framework. Yet Shawcross asks me to pull on every possible pachydermate appendage, a difficult and, depending what you grab hold of, a sometimes risky procedure (especially if you give the appendage a good yank). Yet, it is a necessary veterinary procedure.

So in the end, with the impetus provided by my own emergent occasion, I have begun gingerly to approach the *Devotions*'s "spontaneous" discursive surface: drawn by Donne's pain to comfort my own, drawn by Donne's acknowledgement of his sinfulness to contemplate my own, drawn by Donne's fear of death to confront my own. I have been impelled by the several steps of *our* sickness, his and mine, to begin both a literary and a personal progress through the minefield of the discursive text. No pulling *just* the elephant's tail (or whatever).

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<sup>11</sup>Frost, "All Come In," p. 105.

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Donne's "intended" seventeenth-century audience was not given to an overly spontaneous reading of his book, as contemporary comment bears witness. To paraphrase John Shawcross: be she of the seventeenth-century or of our own era the reader's responsive apprehension of words on the page is important, but so is her awareness of the discursive text as it relates to the totality of its parts. Viewed in this light, comprehension of the connection between the words of that text and its totality, including the meanings divulged by its structure, depends both on the reader as informed individual and on the work's authorial intention and his or her craft in conveying that intention. This reading in my own case was augmented by the serendipitous correspondences of our illnesses as reflected in Donne's discursive text. My experience heretofore with that mysterious elephant caused me to be aware of connections between structure and surface that would reveal more of the beast. And, knowing the proclivity of premodern authors to tip their hands initially, I began—where else?—at the beginning: the *Epistle Dedicatory*. This prologue to the whole is that part of the elephant which one first perceives, perhaps his trunk (or his fragrance). In Donne's case, it reveals his specific intended audience, Prince Charles Stuart, just two years away from changing his name to King Charles I. The audience also extends politically, theologically, and socially by implication, a matter which has been thoughtfully explored by modern scholars, some of the more eminent of whom are in this room today. But if we look at the discursive text of the *Epistle* in relationship to the structural implication of the twenty-three Devotions, it becomes apparent that Donne signals major thematic matter to come.

Carol Kaske has explored the implications of this practice of verbal forecasting and although she focuses particularly on Spenser's connective tissue of word and Biblical typology, she might be speaking of Donne. She points to the presence of themes developed in pieces scattered throughout a work and related with "hook-words." "Spenser [read 'Donne'] could count on readers to read his work in the same way, provided he dropped enough hints."<sup>12</sup> Kaske reinforces our perception of

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<sup>12</sup>Kaske, *Spenser and Biblical Poetics* (Ithaca, NY: Cornell University Press, 1999), p. 21.

the gap between us and the past, for nowadays we tend to scant antiquated correspondences for more easily apprehended psychological or sociological ones. On the whole, however, the trend of recent criticism to seek in the *Devotions* thematic as well as artistic criteria that justify it as both religion and literature is still valid. It is even more valid when we dare to pull on more than one of the elephant's appendages.

The *Epistle Dedicatory* is not long, but it manages discursively to focus the expectations of the reader on what is to come. We find thematic pointers such as birth, generation and regeneration, the monarch James, the biblical king Hezekiah, fathers and sons, and of course sickness. There are others, but the limitations of time here today and my own inclination direct me to the theme word "sickness"—which is used three times and which is the only word in the *Epistle* to be found in the title of the work. Of course the thematic web spun by this word is daunting. But being a modern reader allows me to pick and choose at will, doesn't it! So I begin with the quotation that heads this presentation. It is put somewhat longer in the first Expostulation: "I fall sick of sin, and am bedded and bedrid, buried and putrified in the practice of sin" (p. 10).

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Donne's conflation of sickness and sin presents difficulties for the modern reader. Ludwig Wittgenstein makes a rather extreme judgment in *Culture and Value* regarding the still healthy individual: "Any man who is half-way decent will think himself extremely imperfect, but a religious man thinks himself *wretched*."<sup>13</sup> Wretched? Perhaps. But *sick of sin*? Theologian and historian Stanley Hauerwas in a most perceptive essay identifies sickness as a bona fide manifestation of sin. The "sinsick" life is "in shambles involving both physical and spiritual conditions. . . ." <sup>14</sup> He goes on to say that, in the Southern community where he first came to understand the concept of "sinsick," "sickness and sin could not be separated, though we did not assume an exact causality."<sup>15</sup> And, he notes,

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<sup>13</sup>Wittgenstein, *Culture and Value* (Chicago: The University of Chicago Press, 1984), p. 45 (emphasis in original).

<sup>14</sup>Hauerwas, "Sinsick," in *Sin, Death, and the Devil*, ed. Carl E. Braaten and Robert W. Jenson (Grand Rapids, MI: Eerdmans, 2000), p. 11.

<sup>15</sup>Hauerwas, p. 11.

“it is usually a mistake to correlate a person’s sickness with a particular sin.”<sup>16</sup>

Hauerwas (and presumably Donne) knows his Aquinas. In his comments on Romans 5:12, “by one man sin entered into this world,” Aquinas maintains that sickness and all defects of the body are due to the breach caused by original sin of the body’s subjection to the soul, since life and health depend on the body being subject to the soul. The matter of man, the body, is composed of corruptible contraries originally held together under the control of reason, without any disorder. Adam’s sin resulted in a withdrawal of the Divine favor necessary for the rectitude and integrity of human nature. Thus postlapsarian human nature became subject to bodily corruption, resulting in what Donne called “perplexed discomposition” or “distemper” (p. 9). The meaning of sickness in Donne’s day, dependent as it was on Galenic/Aristotelian physiology, reflects the distorting effect sin has in our lives. We were not created to be sick, but because we find that our lives, marred by the effects of original sin, are constituted by death and sickness. Again “we have an indication something terrible has gone wrong. We are sinsick.”<sup>17</sup>

But here’s the good news, my sisters and brothers: sickness and death are not really natural to man. We were not created to be sick in body, neither were we created to die, says Aquinas, citing Wisdom 1:13: “God made not death.” Through baptism our lives have been reborn in Christ so that neither death nor sickness can have the last word. Again, Stanley Hauerwas: “sin and sickness have lost their power to dominate our lives as Christians. As a result we fear not sickness but rather [find] our bodies in sickness to be an invitation for the care of one another.”<sup>18</sup>

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Which leads to another segment in our Augustinian spider web. (We seem to be moving rather freely about the animal planet today!) The care of one another reflects Donne’s abiding concern in the *Devotions* with the communal aspect of the Church, particularly in its rituals—he participates in the Visitation of the Sick, is shriven and receives the

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<sup>16</sup>Hauerwas, p. 16.

<sup>17</sup>Hauerwas, p. 15.

<sup>18</sup>Hauerwas, p. 20.

Sacrament, his doctors gather in a kind of medical communion, and a fellow parishoner's funeral dominates three central segments of the Meditations. These activities fall under the rubric of what the Articles of Faith identify as the Communion of Saints, that spiritual solidarity which binds together the faithful on earth under Christ in a constant spiritual interchange. It is life in the ecclesial communion that enables us to understand our suffering and temptations in the context of the Church on earth and to forecast the fellowship of Heaven.

Here I am again struck by a serendipitous medical correspondence, one both personal and, in a sense, universal, and perhaps to your intelligent ears a little odd. To weary those ears: I have possibly terminal cancer. And I'd be a poor scholar indeed if I hadn't boned up exhaustively on this emergent occasion. What follows now I've copped from DNA pioneer Robert Weinberg on cellular microbiology, chiefly from his book, *One Renegade Cell*, which I purchased from the Half-Price Books clearance cart for the price of one dollar.<sup>19</sup> The analogy of cellular structure and growth to the Communion of Saints is my own spontaneous connection. I had to dumb down Weinberg's text to understand it, and I here give you my cell biology for dummies.

First, let us imagine a cell—we'll call him John—floating all by its lonely in a petri dish. This cell is normal, but woefully ignorant. Now, its genes give it some idea of who it is: am I an organ? am I a freckle? a bone? But genes can't communicate *where* a cell belongs in the body, how it got there, or whether it's required to grow. Genes tell little Johnny only one thing: how can I respond to signals that come from other cells? As a matter of fact, each cell in the body relies on a host of other cells, a sort of "Communion of Cells," to tell it where it is, how it got there, what it should be doing, and, especially, when it is time to grow. So too, little Johnny the solitary Christian, bathed in the petri dish of Baptism, starts the road to spiritual growth under the influence and direction of the Church in its Communion of Saints.

This salvific command to increase and multiply is conveyed by a protein molecule. A growth factor protein is released by another cell—let's call her "Grace"—who moves through intercellular space and ultimately binds with Little Johnny Cell. He responds by beginning to

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<sup>19</sup>Weinberg, *One Renegade Cell: The Quest for the Origins of Cancer* (London: Phoenix, 1998).

grow. Although some growth factor proteins travel great distances before they reach their target cells, more often than not they act over very short distances. In all likelihood, Grace is Johnny's close neighbor. It is largely this short-range signaling that knits together the community of cells within a tissue. (I think of Donne on his sickbed blessing his hovering doctors and mourning his parishioner neighbor. I think of my own doctors, of the surgeon who hovers laser in hand, of neighbors who water plants and soothe cats when I am hospitalized, students who drive me back and forth to treatment and run errands when I am housebound. I think of all my friends who pray for me. This is my community of cells.) The cell that is neglected by its neighbors' growth proteins will languish on the bottom of that petri dish indefinitely: no growth, no division. The community of normal cells is absolutely dependent on its neighborly interactivity for healthy growth. Its cells can't generate their own growth internally—their behavior is dependent on their Communion of Cells, an epitome of the Church's Communion of Saints.

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In conclusion: more serendipity. For both Donne and I are mightily concerned with our personal conclusions. Donne rises dizzy from his sickbed and dizzy with apprehension of a relapse. (We know that he did not relapse—and hence he did not have relapsing fever, which *always* relapses.) But, as I have written elsewhere, his limitation of the *Devotions's* structural numbers each to one short of the day, of the week, and of the 70-year mandated life span, indicates that for him the unreadable future lay open still. He can end only with his twenty-third Prayer: “if my infirmity overtake me [I ask] that thou forsake me not” (p. 159). It would be fifteen years later that he completed his actual number cycle, but how was he to know?

As for me, my incomplete day is a kind of “Doris Day”: *Che sera sera! Domani!* For the body, perhaps it will be tomorrow. But for the soul? Certainly not *Domani!* Donne is excruciatingly aware that for the soul, the time is now. In the very first sentence of his first Meditation he tells me “this minute!” And again “this minute!” (p. 7). This minute—now—I am sinsick. This minute—now—I am inextricably bound by grace to my neighbor. And Donne is my growth factor protein neighbor, the *Devotions* the elephant in my room! Donne bids me with him to give a

final tug to the pachydermic tail: “if my infirmity overtake me [I ask that] thou forsake me not” (p. 159).

Where does all this spontaneous, serendipitous introspection lead? To a bottle of critical hay for my patient elephant! I have successfully bridged, for myself as informed reader anyway, the aesthetics of form and my individual discursive response. My perception of Donne’s *Devotions* as a mediievally rooted and numerologically ordered spiritual autobiography has expanded. I have been given a discursive invitation to contemplate our flawed nature struck by disease as well as structural warning, that time is short in which to seek the key to health which lies in the Communion of Saints. To recognize that sacramental purgation readies the melded body/soul for a return to wholeness. And perhaps to receive the gift of a renewed, albeit precariously so, life.

In the end, my point is that, without a great deal of alteration, the *Devotions Upon Emergent Occasions* can truly fit within the framework of a modern case. And for a reader armed with historical perspective and a sense of the Augustinian poetics to which Donne adhered therein, his book can function as a book of personal devotions. At least it has for me.

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