

ESSAY

J. G. Farrell's Lost Polio Novel

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On 25 October 1965, J. G. Farrell's second novel, *The Lung*, was published in London to warm if limited notice. In print advertisements and book reviews that fall, new works by better known and "admired authors" crowded out Farrell's new book, as *The Guardian* noted when it selected *The Lung* as its "fiction of the month" for November. The capsule review paid to Farrell one of the double-edged compliments commonly dispensed to young novelists: though uneven, his book showed "sure signs of the developing powers of a considerable talent" ("Fiction"). Corgi published a paperback edition of *The Lung* two years later, but American publishers did not bite and a potential sale of the French rights never materialized (Farrell, *J. G. Farrell* 85–86). *The Lung*'s star has not risen with Farrell's. Elegant reissues of Farrell's Empire Trilogy by New York Review Books (in the United States) and Orion (in the United Kingdom), his posthumous receipt of the Lost Man Booker Prize for *Troubles* (1970) in 2010, and the work of scholars of Irish and broader postcolonial anglophone literatures have helped raise Farrell's profile in recent years. But *The Lung* remains out of print and almost completely forgotten. It is also—and, this essay maintains, not coincidentally—the most narratively inventive and politically trenchant British novel of epidemic polio.

The Lung was not the kind of polio story many Britons wanted to read by the mid-1960s, for reasons both cultural and epidemiological. Farrell declined to tap into long-established sentimental or prosthetic modes of narrating illness and disability generally (Holmes; Klages; Mitchell and Snyder). Nor would he ply the stoic narrative consolidated around polio specifically in the United States in the 1930s and 1940s and exported to the United Kingdom after the Second World War, when the disease first reached epidemic

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proportions there. By mid-century, the “core polio narrative”—the fable of Franklin Delano Roosevelt’s conventionally manly “triumph over disease and disability” (Fairchild 493)—mandated individual medical and moral recovery from polio and had little to say about the experience of polio itself. It was much “triumph over,” very little “disease,” and still less “disability.” *The Lung*, by contrast, maps onto the inexorable course of a severe case of poliomyelitis.

The novel begins with the protagonist, Martin Sands, feeling the onset of unsettling symptoms, sees him lapsing into and out of consciousness in an ambulance, and chronicles his excruciating pain during the acute phase of polio, when his bouts of “cough[ing] hysterically” worsen into the “panic” of suffocation (54, 62), and when he goes from sensing “every muscle in his body twanged as tight as a violin string” to feeling the local pain of paralysis set in across his chest, shoulders, and arms, which lie “as dead as cooked hams” (54, 84). The novel in turn clocks Martin’s suffering in an iron lung for some six months, watches him strain to wean himself from the respirator, and takes him through months of in-patient rehabilitation that he describes as “torture” (124). At the end of *The Lung*, Martin leaves the hospital with chronic pain, a compromised respiratory system, an atrophied upper body, and paralyzed shoulders. Meanwhile, from start to finish, *The Lung* is funny—even, for a polio novel, defiantly so. Early on, for example, when a nurse remarks that “polio is a neurotropic virus” (52), Martin riffs on the adjective even as he lies immobilized, gasping for breath and wanting “desperately to lie on his stomach or side” (53): “A neurotropic virus. Neuro tropic. He pictured himself sitting under a palm tree, chain-smoking nervously and grinding his teeth from time to time” (52). The air of lazy colonialist entitlement wafting through the imagined “tropics” is Martin’s, not the novel’s. Later readers of Farrell might expect, even savor, the apparent incongruity of grave subject matter and comic bite. Most consumers of mid-century polio narratives did not.

A tough sell unto itself, then, *The Lung* also had bad epidemiological timing. Though Farrell wrote the novel entirely after the arrival to market of the

first polio vaccine, it carries not even a trace of the American-led “big science” victory narrative that affixed quickly to mass polio immunization after 1955. That narrative did not apply. *The Lung* took shape amid the United Kingdom’s years-long delay in implementing a polio vaccination scheme. Read collectively, histories of British medicine describe a tangle of factors—political, administrative, logistical, industrial, and economic—that contributed to the nation’s vaccine lag. In fact, scholars describe precisely the kind of tangle that Farrell would autopsy in the trio of meticulously researched, antinostalgic historical fictions of imperial rot with which he made his name in the 1970s (MacKay, “Nostalgia” 179–81). The historical experience on which *The Lung* turns, though, was not inherited but lived, not researched but survived. Farrell numbered among those who were infected with poliovirus and developed severe poliomyelitis in the United Kingdom between 1955, when the first vaccine became available, and 1962, when Britain achieved a “fully operational” vaccination program (Millward, *Vaccinating* 136).

If “the history of polio is the history of forgetting polio” (Shell 23), then in the Global North and among people not directly affected by the disease, vaccines were the scientific mechanism that enabled forgetting, mass vaccination the public health initiative that hastened it. This essay takes up Farrell’s novel to begin to redress the literary forgetting of polio and the broader disconnect between literary studies and the history of public health, a disconnect made only more glaring by the COVID-19 pandemic and polio’s resurgence.¹ I read *The Lung*, first, as both real-time product and long-term casualty of vaccine oblivion: real-time product in that Farrell worked on his novel about a character enduring a then newly preventable, still incurable infectious disease amid a halting state effort to vaccinate enough of its population to stop the epidemic spread of that disease; long-term casualty in that in rich nations from the early 1960s on, popular memory of poliomyelitis has centered on the success of vaccination against it rather than the experiences of those who had it (Gould xiii; Wilson 10).² Next, the essay situates *The*

Lung against a mid-century polio culture industry whose dominant modes of representing epidemic polio helped prepare the ground for the vaccine-enabled privilege of forgetting it. But, *The Lung* holds, the English novel too helped set up the forgetting of polio, the genre's longer history having rendered it ill-equipped to offer literary counter to sanitized tropes of popular polio representation and incommensurate with the pain of polio itself.

This essay finally finds in Farrell's lost novel a formally lavish depiction of the range, extremes, and chronicity of pain caused by poliomyelitis that is without parallel in English fiction and unflinching as to why. *The Lung* defies the imperative to cure in both the medical sense embodied in it by Martin's physician and the ideological sense identified by Lennard J. Davis and, albeit under other signs, by a host of novel scholars following Benedict Anderson's account of the genre's emergence as a "technical means" of creating national consciousness (25). In his influential work on the centrality of the eighteenth- and nineteenth-century English realist novel to the cultural production of the category of "normal," Davis ties the genre's development to "cure as narrative technique" (98)—that is, to plots that require "temporarily deforming or disabling" but that in the end restore their protagonists to social behaviors and bodily configurations "constructed as norms" (97).

A self-critical inheritor of the curative arc, Farrell scuttles it in *The Lung* right from the moment of his protagonist's diagnosis. When the doctor first speculates that Martin has "a virus infection of some sort . . . polio perhaps" and implies that he can be "cured" if, like all "healthy people," he "cares" to be, Martin does not cling to the implication. Instead "it occurred to him that health, like normality, was hard to define" (47). Tying "health" to "normality" and taking neither as self-evident, Martin's epiphanic realization names the systematic aesthetic practice of *The Lung*. Farrell's novel declines to turn polio pain into itself another kind of cure: an ideological one visited upon an individual protagonist. Pain that neither disciplines a protagonist back into nor liberates him alone from oppressive national norms?³ Pain not plotted to make a solo

novel hero be better or feel freer? This would be a narrative impasse for any number of novels. It motivates Farrell's. Forging its generic and formal texture out of pain in all its unruliness, *The Lung* confronts—to reimagine—the English novel's historical inhospitability to amoral, incurable disease, disability, and pain.⁴

Vaccine Dreams

Farrell was twenty-one when he fell ill with poliomyelitis in December 1956, at the end of his first term at Oxford.⁵ That fall, he had begun reading law and, with greater enthusiasm, playing rugby. Farrell sustained a shoulder injury on the pitch on 28 November; days later, he was rushed by ambulance to nearby Slade Hospital. There, suffering the terrifying respiratory paralysis and extreme physical pain that polio can entail, Farrell was placed in an iron lung. By the end of the calendar year, he had recouped the ability to breathe on his own just well enough to be removed from the respirator. He spent the rest of the academic year making a slow, painful, and ultimately partial physical recovery from polio, first at two hospitals in England and then home in Ireland, where he lived with his family and underwent outpatient physical therapy at the Central Remedial Clinic in Dublin. When Farrell returned to Oxford in fall 1957, the lasting physical effects of polio lodged in his upper body: paralysis of the right shoulder, poliovirus having capitalized on the rugby injury; impairment of his left shoulder and of both arms and hands (Greacen 91); damage to his diaphragm and intercostal muscles that diminished his respiratory capacity; heart strain; chronic back and neck pain (98); and, more cosmetic than consequential, a full head of prematurely white hair.

"There is too much of you in it," Graham Nicol, an editor at Hutchinson, advised Farrell after reading a draft of the novel he'd spun with abandon out of the first year of his polio experience (qtd. in Greacen 173). The small handful of Farrell specialists who have studied *The Lung* agree in spirit if not in letter. Two consensuses emerge from single-author-oriented readings of the novel:

first, Farrell makes a thinly veiled autobiographical fiction out of polio; second, the novel rates as an apprentice work notable for its early hints of the mature Farrell, most importantly of his later development of “disease . . . as a metaphor for the dying empire” (Crane 94).⁶ Autobiographical transcription and illness-as-metaphor: taken together, these templates cast epidemic polio as prefatory to or symbolic of the “real” political history to which Farrell turned in his later work; taken singly, neither quite holds. The former implies a reductive definition of autobiography and discounts Farrell’s polio novel as, well, a novel. The latter takes epidemic polio as the vehicle for the presumed tenor of the “diseased and dying” British empire (Crane and Livett 46), eliding in the process both epidemic polio and the novel’s pronounced refusal to metaphorize it. *The Lung* is a wildly expressive book in which, in what would become classic Farrell style (McLeod 24), pretty much everything becomes fodder for off-the-wall metaphor at some point—everything, that is, except polio. Polio-as-metaphor readings, however, supply to the disease a coherency of meaning that *The Lung* does not and risk making the novel sound like something it is tough to imagine Farrell writing: a mid-1960s book in which, through an unholy union of predictable symbolism and reactionary politics, a well-off white Englishman’s illness makes metaphoric lament for an empire dying as if naturally and guiltlessly.

However curious within the Farrell scholarship, such interpretive erasure of polio is certainly not without precedent beyond it, as Susan Sontag illustrates in her work on the punitive, militaristic logics of disease metaphors generally and adhered, with stigmatizing effect, to cancer and AIDS in particular. Literary disability studies scholars have long faulted the habit of reading “disabled characters . . . metaphorically,” or “without political awareness” (Garland Thomson 9, 10)⁷; and feminist literary historians have more recently corrected for the near absence of the 1918–20 influenza pandemic from twentieth-century literary studies (Outka; Fisher).⁸ For Elizabeth Outka, the effort necessitates revising the gendered premise, operative in modernist

studies, that the First World War was the singular rather than “a paired event of mass death” in the early twentieth century (3). In accepting this premise, Outka asserts, literary scholars accede to definitions of “history” in terms of “military conflict,” “deemphasize illness and pandemics in ways that hide their threat,” and perpetuate “traditions that align illness with seemingly less valiant, more feminine forms of death” (2). To remove Farrell’s polio novel and the lived experience that informed it from the public health crisis of which both were a part is to make related assumptions and erasures. Sobering as it is to fathom over four years into COVID-19, the removal rests on a long unexamined sense that poliomyelitis, like other epidemic and nominally eradicated diseases, somehow does not count as history, or at least not as the kind of history with which scholars of twentieth-century literature need be concerned. Under this presumption, polio can be abstracted to buttress proximate period frames and narratives already amply validated by literary-historical subfields, often to exclusionary effect. In the case of *The Lung*, whether invoked as time stamp or structure of feeling, “the end of empire” for which polio can be made to stand is itself a ready-made historiographic abstraction that tends to privilege imperialist nostalgia over “the dissenting ground of empire and its histories” (Burton 218, 220).⁹

As the timing of Farrell’s experience of poliomyelitis indicates, epidemic polio was a mark of, not a metaphor for, the postwar United Kingdom. Farrell’s matriculation to Oxford was delayed two years by the backlog of students still left over from the Second World War more than a decade after its end (Greacen 40). The deferral attests to the continuation of wartime privations of various kinds well into the 1950s in Britain; it also meant that Farrell arrived at university at the start of an anomalous fall-winter polio season in England (Gould 167). Farrell was treated for polio at hospitals run since 1948 by the National Health Service, the signature institution of the new welfare state. And the beginning of Farrell’s polio experience coincided with events, including Ghanaian independence and the signing of the Treaty of Rome,

that sped the dismantling of the British Empire and the new distribution of power in the Cold War. Chief among them was the Suez Crisis, the causes and consequences of which riveted Farrell, as they did many writers of what Malcom Bradbury called the “generation fascinated by the year 1956” (qtd. in Hammond 67n11), once he was well enough for outpatient care. At the core of Britain’s “humiliation,” as the conflict in Egypt was commonly dubbed, the budding novelist saw a “combination of pride, complacency and possessiveness,” as well as petty “personality clashes.” “Imperial conceit had been at work,” he concluded (Greacen 87).

The contested loss of empire, the compensations of the welfare state, the persistence of wartime shortages: these developments and conditions are unquestionably better known among scholars of British literature than are the emergence and effects of epidemic poliomyelitis in the United Kingdom. Yet polio was a thoroughly postwar phenomenon there. Polio epidemics were bound up with national recovery after the war, polio vaccination with urgent debates about public health care provision, domestic capacity, state power, and geopolitical standing. Like most of its European neighbors, Britain did not witness poliomyelitis on an epidemic scale until after the Second World War. Polio had begun to shift from an endemic to an epidemic pattern of infection between 1894 and 1905 in New England and Scandinavia, affluent regions where, paradoxically, high standards of sanitation exacerbated the danger of poliovirus (Crawford 106–08; Paul 79–83). Britain had “relatively low-key” instances of polio until 1947 (Hardy 251), when the total number of reported cases climbed to over five times the previous annual record, set in 1938 (Gould 16–17, 161). In part because the shift of poliovirus from endemic lurker to epidemic threat occurred later in Britain than in the United States, the United Kingdom lagged behind its primary ally in polio research. Nor could it hope to catch up on polio vaccine development or, when the time came, production. Following the global fanfare that greeted the announcement, on 12 April 1955, of the efficacy of the first polio vaccine, the inactivated-poliovirus vaccine (IPV), some Western European nations

got to work straightaway on making their own versions of it (Gould 160). Mass polio immunization quickly became a Cold War–era “symbol of a modern, rational state” (115). Britain, however, balked. Despite its national health care system, the reputational cost of delay, “clear public demand for a coordinated routine immunisation campaign” (114), the biopolitical utility of state vaccine provision (Durbach 6), and continued polio epidemics, Britain lagged on effective mass polio vaccination until the early 1960s. Local epidemics occurred in the United Kingdom at least until 1965, the year *The Lung* was published (“Polio Resurgent”; “Forty Polio Cases”).

Biomedical knowledge and epidemiological data alone never determine vaccination policy, nor are these epistemologies politically neutral, as historians of medicine, public health experts, and scholars of biopolitics observe, and as the many inequities laid bare by the COVID-19 pandemic and vaccine rollout make all too plain. Polio immunization in postwar Britain was no exception. The reasons for the nation’s vaccine delay included medical caution, institutional blockages, political posturing, low industrial capacity, economic protectionism, and scientific dispute—and the science was hardly clear-cut, as virologists continued to debate the principles behind and efficacy of IPV versus those of the oral attenuated-poliovirus vaccine that was expected to, and did, follow on its heels. Grave errors in the early trial and manufacture of both types of vaccine (Oshinsky 221–37, 248–50) resulted in the cancellation of trials planned for the spring and summer of 1955 in select English cities (Lindner and Blume 435) and prompted the Ministry of Health to bar importation of polio vaccines from North America. Justified publicly by medical caution, the restriction on imports also served state economic and geopolitical interests. Vaccine production by English pharmaceutical firms would, the reasoning went, create domestic economic gains, allow for the sale of British-made IPV across the Commonwealth and thus for fresh exertion of imperial sway on the decolonizing world, and protect Britain’s position in the booming pharmaceuticals industry

(Dowling; Tobbell), one of the fields in the science and technology sector poised to drive the global economy of the latter half of the twentieth century (Millward, *Vaccinating* 123–25).

But already in 1956, the year Farrell contracted polio, the state preference for domestically produced poliovirus vaccine ran up against material and industrial limitations. British pharma lacked capacity to produce enough IPV to meet demand even for young children only. An early public-relations gaffe heightened frustration with the delay. On 19 January 1956, the minister of health gave a flashy press conference at which he pledged timely and free vaccination for all children under ten (Millward, *Vaccinating* 120). A year later, as the twenty-one-year-old Farrell made a touch-and-go recovery at Slade Hospital, the public was still waiting. Amid a growing outcry, a *Times* editorial took the government to task for promising swift distribution of British-made polio vaccine despite “knowing full well that no one could give any guarantee” as to when adequate supplies would be available (qtd. in Millward, “Matter” 389). On 9 March 1957, about two weeks after Farrell was discharged from the hospital and returned to Ireland to continue treatment, the *British Medical Journal* slammed the Ministry of Health for peddling “genial fantasies of the vaccination programme to the general public” (“Polio Fantasies”). The program would not materialize for another five fraught years. All the while, from epidemic emergence through implementation of the mass vaccination campaign, “genial fantasies” about polio circulated in Britain, most of them imported from the United States.

“Polio Fantasies”

What the historian of British medicine Anne Hardy observed more than twenty-five years ago about “the known history of poliomyelitis, both social and scientific” remains true of the literary and cultural record of the disease: it “belongs largely to America” (250). A history of the cultural production of polio in Britain has yet to be written; it would have to acknowledge the steady stream of

American ideas and stories about polio that flowed in after the war. Briefly, by the late 1940s, polio in US public culture had been racialized as white and thus as a public health problem worth disproportionate public and private investment; polio prevention and, where needed, home care had been gendered as the province of women, especially mothers, who were recruited both to stop transmission of poliovirus and to raise funds for vaccine development; and polio was encased in an ideology of individual rehabilitation.¹⁰ Among the host of works that ferried these ideas about polio across the Atlantic in the late 1940s and the 1950s were Hollywood films about Commonwealth polio heroines (such as the Rosalind Russell vehicle *Sister Kenny* [1946] and the Marjorie Lawrence biopic *Interrupted Melody* [1955], an adaptation of her memoir [1949]) and women’s novels like Elsie Oakes Barber’s *The Trembling Years* (1949), which had its first English printing in 1950. In Barber’s spectacularly popular novel, chaste romance, Christian faith, a modicum of moral courage, and some pluck combine to make a beautiful young white woman paralyzed by polio walk again.

The principal US polio export the world over, however, remained the late President Roosevelt, whose endurance of polio had been sanded down into a “national myth” of masculine grit by the US press (Fairchild 493), by the president himself (Gallagher), and by the National Foundation for Infantile Paralysis (NFIP), Roosevelt’s private foundation on a grand scale (Oshinsky 5). A short film called *His Fighting Chance* (1949) demonstrates how American narratives of polio circulated in the United Kingdom after the Second World War and as epidemic polio struck there. Produced by the Crown Film Unit with voice-over by Eleanor Roosevelt and the actor Michael Redgrave, *His Fighting Chance* is exceptional for its prestige value but otherwise exemplary of mid-century efforts to raise awareness of the disease. The film wraps tidbits of information about polio into a story of self-determined progress toward a return to “normal” life, where “normal” means conventionally gendered, racialized as white, and physically able to

work “as hard as someone sound in every limb” (00:08:15). Narrating over a glossy montage of photogenic young polio patients receiving clinical treatment for acute illness and, later and at length, cheerfully enduring physical and occupational therapies, Redgrave and Roosevelt assure viewers that these youngsters have the resolve to “fight back” (00:07:20) in the “long battle” against polio (00:04:00). The film obviously confines to the medical model of disability the polio patients it depicts (Quayson 2); the militarist optimism of the voice-over and the sequencing of *His Fighting Chance* more subtly bespeak the centrality of the late US president to postwar Britain’s public story of epidemic polio, which grafted the duty to “win through” against the disease onto a vision of steadfast Allied victory and steady national recovery after the war (00:10:07). Midway through, the film splices in newsreel footage of “Mrs. Roosevelt” (00:05:08), King George VI, and other dignitaries at the unveiling, on 12 April 1948, of the Roosevelt Memorial in Grosvenor Square, London. “As one of the great men of the time, he holds a firm place in the affections of the people of Britain” (00:04:13), Redgrave intones as the camera lingers on a statue depicting Roosevelt standing tall with a sliver of a walking stick peeking out from under his dramatic cloak (00:05:05). Rather than as a visual nod to the lasting physical effects of polio on FDR, the stick scans as a mark of his dignified older age. The young people featured in *His Fighting Chance* get the message. The only person with polio to speak in the film, a young man named John Broadbent, expresses his relief at recovering physically enough to hold down a job, “take an active part in everyday life,” and be “once more one of the crowd” (00:08:51, 00:09:08).

The Lung is having none of this. Farrell’s novel diverges in about every conceivable way from the moralizing polio tales that had reigned in literary and popular culture for well over a decade in the United Kingdom and for twice as long in North America by the early 1960s. It also revels in diverging, as is evident in the fun Farrell has with the basic narrative elements of plot, protagonist, and point of view. *The Lung* dispenses with the recovery-and-

redemption arc of a whole class of mid-century polio stories in which, in the end, characters once paralyzed by the disease will themselves to “rise up and walk,” as the aptly named Turnley Walker titled his hit polio memoir of 1950. That Martin *can* walk, if “bumpily” (Farrell, *Lung* 26), on either side of his acute poliomyelitis alone frustrates the formula. Late in *The Lung*, Farrell specifically upends the trope of the ambulatory happy ending. Martin is out drinking at a pub with his convalescent wardmates when a swinging lavatory door knocks him to the floor. Martin cannot get back up to his feet on his own; he has to pretend to be bothered about it: “He lay on the dirty floor beside an empty cigarette packet and a half nibbled meat pie. For the sake of appearances he groaned. Actually he was feeling quite comfortable.” By the time disembodied “hands were heaving him to an upright position,” the slapstick pub scene has voided the moral connotation of standing or walking “upright” (191).

So have Farrell’s characterization of and focalization through Martin to that point. A washed-up, alcoholic, irreverently funny, perennially “indifferent” (61, 106, 107, 150, 196, 199), sometimes crude, serially philandering, and even occasionally self-aware Englishman who’s about forty, “at present unemployed” (35), and separated from his wife when he experiences polio, Martin is no FDR. Worse still by the standards of *His Fighting Chance* and its ilk, he ignores all hints that he ought to treat his illness as punishment for his failure to uphold the professed ideals of white British masculinity, much less as an opportunity for rehabilitation to them. To the barbed contrary, Martin inhabits an entitled misogyny that the novel depicts as constitutive of his “regular” English manhood before polio and compensatory for his medical infantilization in its aftermath (10). In physical therapy, Martin exercises vigorously not so he can resume his career, repair his marriage, or otherwise get back to upper-middle-class “normal,” but rather so he can sleep with a twenty-something-year-old nurse, Marigold, his estranged wife’s daughter, in what one reviewer ranked among “the most nerve-racking seduction scenes

I have ever read" (Baldick). The reviewer was referring not to Martin's manipulation of Marigold, but rather to the suspense generated in the set piece by twinned emphases on Martin's work-arounds for his paralysis and on the nerve and joint pain he tries to manage in pursuit of his own sexual pleasure. A sex scene more noteworthy in 1965 for breaking the durable taboo around disability and erotic desire (Mollow and McRuer 1–5) strikes a twenty-first-century reader for the disturbing extent to which Martin's sexual "triumph" (Farrell, *Lung* 154) rests on his internalization of the ideologies of masculinity and ability swirling through the "triumph-over" style of polio messaging. Even Martin has to wonder, "What am I trying to prove?" (172).

In short, Martin is a cad, and not of the ostensibly charming rom-com variety. Yet the novel's focalization through him also checks the period tendency to regard or represent persons with illness or disability as pitiable objects of innocent victimhood or as like children, barely to be seen and not to be heard. Polio compounded the tendency. The disease was linked to children both epidemiologically and culturally, thanks in no small part to the NFIP's "child-based" fundraising tactics (Longmore 36). Martin bristles at his own instant objectification and consistent infantilization not exactly by polio, but by the medical professionals who treat him for it. During his first hydrotherapy session, for example, the relief Martin feels "at the sudden lightness of his limbs" gets undercut when "the physiotherapist produced two buoyant plastic ducks. He stared at them in surprise. The return to childhood was now complete" (Farrell, *Lung* 134).

A full inventory of *The Lung's* veerings off the mid-century polio script would have to run from beginning to end of the novel—from the sci-fi-ish abbreviation of its title to Martin's vaguely imagining, as he leaves the hospital, that he could marry Marigold and live "happily ever after" (207). (He knows he will not. The fairy-tale ending bubbles up in the prose only to be undone by the novel's final line: "It was just terrible" [207].) As examples accumulate, the novel comes to read less as an essentially autobiographical novel of polio and

more as an essential novelistic exponent of the "subversive" humor that, as the historian Daniel J. Wilson writes, "foster[ed] a sense of solidarity among the patients" in polio wards (107). Where that humor undermined medical authority, *The Lung* undermines the cultural authority of the victory-over pieties through which by the late 1950s the NFIP and other entities had made polio uniquely high-profile as a plight and yet strangely obscure as an embodied experience. All the while, through all his discrete subversions of the mid-century polio culture industry, Farrell threads a relentless narrative of precisely that aspect of poliomyelitis that popular polio fare tended to suppress during the epidemic years, that the quick onset of vaccine oblivion made only more difficult to recover thereafter, and that he must stretch the English novel to depict: physical pain.

A Novel in Pain

It would be hard to overstate how intently *The Lung* concentrates on bodily pain. To state it at all, however, is neither to devalue the emotional, intellectual, or other dimensions of Martin's experience of polio nor to endorse the Cartesian binary of mind and body entrenched in allopathic medicine. It is rather to broach pain as the crux, formal and political, of *The Lung*. Beyond deepening the light-touch ideology critique enacted in Farrell's send-ups of mid-century "polio fantasies," the pain narrative of *The Lung* critically addresses two discourses that overlapped in the United Kingdom during the early 1960s: social justice activism centered on the rights of Britons with disabilities and literary experimentalism predicated on renewed reassessment of the legacies of the realist novel.¹¹ Perennial debates about, and "straw man" reductions of, "poor old realism" notwithstanding (Bowlby xii), in the 1960s many British novelists and critics shared a "belief in realism's interdependent relation to Englishness" and faulted the nineteenth-century realist novel for sustaining "the old lies on which [England's] colonial past was based" (Jordan, *Late Modernism* 5).¹² Meanwhile, the British disability rights activism burgeoning

across the 1960s would, by the middle of the next decade, assert a distinction between disability and impairment and redefine the former as a matter of discrimination (*Fundamental Principles*). As Alison Kafer observes, this redefinition had the perhaps unintended consequence of excluding some of the “lived realities of impairment”—pain principal among them—from disability politics, and even of casting expressions of pain as antithetical to the movement (7).¹³

Rights-oriented disability activism and straightforward realist fiction harmonize in the most popular British novel of polio, Peter Marshall’s *The Raging Moon* (1964), which laces a powerful call for the deinstitutionalization and social inclusion of persons with disabilities into the coming-of-age stories of two characters paralyzed by polio who meet and fall in love in a grim care home. But liberatory as its disability politics mean to be, *The Raging Moon* relies on the gender norms of the English realist novel, not least by replaying its foundational coming-of-age and marriage plots. Marshall builds his case for the young couple’s rights explicitly on their desire to enter the institution of marriage; he rests it implicitly on a near-complete avoidance of physical pain, as if narrating pain would undermine the couple’s claim to their rights. Not so in *The Lung*, which yokes outright or parodic refusal of many old-chestnut plots and tropes of English realism to a stylistic ingenuity trained on representing polio pain. Narratively driven by, thematically cohered around, and formally made by a body in pain, *The Lung* has no problem expressing or conceptualizing that pain. The heavier lift, as Farrell attempts it, is to make the British realist novel equal to narrating a basic reality of severe poliomyelitis: surviving it means experiencing pain without end or cure.

From Martin’s first polio symptoms through his months of hospitalization, *The Lung* makes physical pain constant and various, formally consequential but morally moot. The pain Martin feels ranges in degree from relatively mild—with a headache setting in, the “pink” of a rose “hurt his eyes, perhaps somewhere deeper than his eyes” (31)—to overwhelming, as in an episode of claustrophobic terror and forced

stasis when his “face was flooded with tears and deep sobs struggling with the pressure of the lung” (87). Sometimes Martin can zero in on where he hurts: early on “in his aching body, his right shoulder in particular was aching painfully” (46); months later, “the muscles of his neck and shoulders ached agonisingly” still (141). At other points, pain spreads across Martin’s body: on the verge of suffocation before doctors put him in the titular respirator, Martin feels “a dull, throbbing torment” (66); later, when he struggles to wean himself from the machine, “his body had a panic of its own” (108). Some of Martin’s pain moves around his body, like the “severe cramp” that sets in “sometimes in his shoulders, back or neck, but most often in his stomach,” whence it “double[s]” him over, his body “locked tight, as immovably bent as a steel hook” (145). At other times, the pain of polio is so intense that it seems neither to start nor to stay within Martin’s body. When he arrives at the hospital, for instance, his pain reaches semantically into the sterile, menacing “whiteness” of the hospital setting to make even the bedsheets “achingly white” (46).

Like the degrees, locations, and durations of Martin’s physical pain, its causes vary. Perhaps because medical personnel never explain much about polio to Martin—he is left to wonder what “was happening inside all those pink, slimy snakes and tubes and vessels to cause him so much distress” (36)—he is especially alert to kinds of pain that arise from his experience not restrictively of, but also around, the disease. Participation in social rituals and relationships aggravates the pain of polio’s onset and early aftermath: amid all the kneeling and standing required of congregants at an Anglican wedding, Martin thinks “the marriage service . . . must be physically one of the most punishing ever invented” (18); toward the end of the novel, he has “to smother a cry of pain” when a companion takes his “bad” arm (183). Clinical technologies, too, cause Martin pain on top of the pain of polio: after the respirator is switched off briefly for repair, Martin “experienced once more the appalling sensation of invisible strangulation. It seemed as if both his lungs were packed solid with cement” (88). As the phrasing (“once more”)

of this description of respiratory paralysis records, along with the unrelenting pain of polio, Martin endures discrete kinds of bodily suffering that might subside but that he knows will or can be made to recur, and that he learns to anticipate.

Nothing causes Martin more of this kind of semipredictable, recurrent pain than his medical treatment for polio. Across *The Lung*, medical staff members perform procedures, execute hospital protocols, impose exhausting physical regimens, and “ordain” painful orthotics. (An airplane splint for Martin’s arm induces “hysteria” and “real agony” [157].) From life-saving interventions through physical rehabilitation, these increments of care involve almost no preparation of Martin. Dr. Baker’s forceful insertion and, later, removal of a feeding tube offer a case in point. As the doctor inserts the tube, the fully conscious Martin feels “tears starting in his eyes. By the time the doctor had finished his head was swimming and he was in considerable pain” (72). Weeks later and out of nowhere one “afternoon the doctor came to remove the tube from his stomach. He ripped the tape from Sands’ cheek, took hold of the tube and pulled. One scarlet streak of pain and, apart from a sore throat, it was over” (110). The “scarlet streak” suggests bleeding and speed even as the image evokes a pain so violent as to seem visible and in color. Nurses, too, carry out medical tasks with what Martin calls a “hideous casualness” that worsens his pain (64). Rehabilitative therapy extends the pattern deep into Martin’s initial recovery, which narrative effect is both historically consistent with the testimonies of many polio survivors and conceptually resonant with the “gap” that Eli Clare locates between a person’s “desire for less pain and [a] doctor’s desire for cure” (85). That gap manifests repeatedly in language in *The Lung*, as Martin’s pain overruns the diagnostic vocabulary that medical practitioners supply to contain it. In his first physical therapy session, for example, Martin’s “shoulder-blade shifted violently and felt as if it were about to burst through the skin.” To his “cry of pain and surprise”—“That hurts!” he shouts—the therapist responds breezily, “We call that spasm” (119). Then she recommences her “torture” (120).

Sharp and subtle, one-off and recurrent, general and local, characteristic of poliomyelitis or inflamed by medical treatment of it: the range of kinds and degrees of pain Martin feels proliferates a complementary variety of formal effects in *The Lung*, such that the novel both enacts and exceeds Elaine Scarry’s indelible account of the “inexpressibility of physical pain” (3). The novel records dozens of instances of the inarticulate recoil—Martin’s cries, flinches, winces—that Scarry cites as evidence of pain’s “shattering of language” (5); but the novel also includes stylistic registers of pain that cultural historians and political theorists of pain, as well as disability studies scholars, would credit as evidence to the contrary (Bending; Bourke; Moscoso; Wailoo; Snediker), or as evidence of insufficient critical attention paid to “pain’s languages and forms, its poetics” (Lau).

Hence my catalog of the forms of pain Martin feels doubles as an index of discrete modes of expressing it, among them synesthetic fugue, hard industrial-material imagery, delirious syntax, affective scrambling, cliché, and simple semantic notation, as in the dressed-down vocabulary of “aching,” “hurt,” and plain-old “pain” that echoes across *The Lung*. Late in the novel, Martin himself becomes something of a theorist of the veiled presence of pain—usually inflicted or minimized—in English idiom. At one point in “the process of learning what it meant to have paralysed shoulders” (147), Martin gets annoyed by a singing blackbird, thinks to throw a rock at it, and skips by association to the biblical passage “He that is without sin among you, let him first cast a stone at her” (*Bible*, John 8.7), before remembering that he is “no longer in the stone-throwing category” (Farrell, *Lung* 126). If the presumption of physical ability baked into English parlance dawns on Martin in this and like moments when he realizes that after having polio he cannot threaten to inflict physical pain on other living beings, then the pattern also indicates that Farrell is on to something further: that normative social and bodily constructs—of, in the blackbird example, violent masculinity and weak disability—reinforce one another, and that they cause harm. *The Lung* resists

throughout the English novel's historical reliance on and reproduction of such norms, most starkly by declining to restore Martin to his one-time embodiment of normative English manhood. The same social privileges (whiteness, masculinity) that help license Farrell's richly detailed and stylistically gripping depiction of Martin's pain will not, in the end, also rescue Martin from that pain or ennoble his experience of it. Instead, what change pain causes in *The Lung* plays out in its temporal design and generic texture—in the form of the novel itself.

Genre Impairment

Physical pain comes to set the pace and organize the timeline—more accurately, to unsettle the pace and disorganize the timeline—of *The Lung*, which ricochets endlessly off the narrative present in which Martin endures polio. Surely drawing inspiration from the stylistic interruptions, narrative ellipses, and nonlinear temporality that distinguish the mode of “experimental realism” in postwar British fiction (Jordan, “Late Modernism” 150), Farrell interleaves quick shards of Martin's memory, talismanic images and phrases from his past, surreal flashbacks, hallucinatory nightmare visions, jump cuts, farcical interludes, apt and non sequitur literary quotations, and other narrative dips into Martin's past, always without resetting the temporal coordinates of the novel. (Byron is a favorite of Martin's, but lines like “the heart must pause to breathe” zip from romantically swoony to terrifyingly anatomical as his respiratory system falters and pain abides [62].) Recollected scenes and obsessive fixations crop up without page breaks, signal phrases, or other textural markers to offset their dizzying temporal effect. Some of these departures from the narrative present run to a sentence, others to several pages. None escapes Martin's experience of pain, the severity of which during the acute stage of polio both pushes and follows the narrative into delirious flashbacks or associative trains, then snaps it back into the present. An effect similar to that which Tom Sperlinger traces to Doris Lessing's roughly contemporaneous novelistic “interruptions” emerges from Farrell's: they

“insist on the repeated urgency of the present” (140), a present made urgent in *The Lung* by polio pain.

Far from abandoning the novel's concentration on bodily suffering, then, these timeline zigs and zags draw into the temporal design of *The Lung* its thematic and stylistic expressions of pain. A representative interruption begins with one kind of pain (Martin has “to cough hysterically” [54]); careens into an absurdist memory of a gruesome, anesthesia-free dentist visit; and returns to the present only when Martin realizes it is not a tooth but “his shoulder that was aching” (61). Another starts with a feverish Martin encased in the iron lung and becoming “confused” (65). With nothing more than a paragraph break he lapses into recalling how he discovered that his wife was cheating on him. The narrative veers blessedly off the course of spurned husband self-righteousness when Martin, having blacked out in pain, comes to again, awoken by his own “shriek” in agony for a nurse (87). The temporal ricochet effect persists but shifts during Martin's recovery, when pain interrupts his present and makes a squiggle of the novel's timeline with no more predictability but with a little less frenzy. These flare-ups stitch into the unsteady pace and temporality of *The Lung* the sometimes discombobulating experiences of chronic pain and one's effort to manage it. That effort frequently exhausts Martin, slowing down his routine behaviors—putting on an overcoat takes a paragraph (183)—and further stalling any forward progress. By way of all this temporal herky-jerky, *The Lung* gradually accretes an account of Martin's adult life from his coming-of-age at Oxford—“a city of effete embryo Hitlers,” he half jokes (25)—through his unhappy marriage (and affairs) and disappointing career (and quitting). It takes a few reads to catch how often it is pain that pushes *The Lung* out of or snaps it back into its narrative present. It takes a few more to piece together Martin's tessellated backstory and to recognize it for what it is: a lapsed British bildungsroman.

Farrell would find his authorial signature in the 1970s with the historical novel, but the younger writer of *The Lung* writes self-consciously in the

long wake of at least two iterations of the bildungsroman. Farrell takes as precedent, first, the “socially pragmatic” English variety of the long nineteenth century (Castle 18), which arced toward class-appropriate vocation and marriage and whose “historical social role” was to “incorporat[e] the problematic individual into the rights and responsibilities of citizenship” (Slaughter 94) and thereby “symbolically,” if sometimes ambivalently, to validate “dominant sociopolitical formations” (95). Second, Farrell inherits British modernist revisions of the bildungsroman that reckoned, in Jed Esty’s account, with the colonialist spoils that had materially facilitated and ideologically necessitated individual maturation plots. With his failed marriage to an Irishwoman, his frequent dreaming of his early adulthood spent between dreary Oxford and summertime Dublin, the capital of independent Ireland, and his squandering of youthful promise and inherited privilege well before he contracts polio, Martin reads as a second-generation, middle-aged exponent of the “figure of stunted youth” through whom British modernists, faced with uneven and unjust global development, “cast doubt on the ideology of progress” (Esty 3).

Perhaps more than any other kind of realist novel, the nineteenth-century bildungsroman helped “consolidate the national norm” by way of temporally progressive and politically conservative plots centered on protagonists who “are British, look typical, and embody the virtues England values” (Davis 97, 94). Martin once ranked among those heroes of national typicality, at least outwardly. And though he has lost the plot outcomes of suitable marriage and employment before *The Lung* begins, he still looks the part when it does. Farrell’s first physical description of Martin sends up his “regular” features: “he looked like a lot of other people. Wearing a thick sweater and studded shoes, with a golf-club in his hand, he would have looked inconspicuous, even familiar, at any clubhouse in the British Isles” (10). The ease with which Martin would fit in at the proverbial “club” picks up on the interlocking class, race, and gender exclusions that long delineated “familiar” English novel heroes and that, as Janice Ho argues, British

immigrant novelists of color challenged in postwar reworkings of the bildungsroman (118–19). It also ties Martin’s national “regular”-ity to his presumed physical ability to play a sport and to travel around to do it, to his bodily agility and mobility. As the cheeky tone of the passage hints, however, there’s a snag in Martin’s embodiment of the preferred physical image of the national norm already before polio. “The only thing” remarkable about him “was that he had a nervous habit of twisting his neck from side to side as if his collar were too tight. And that he was very restless” (10).

Martin will not be settled. *The Lung* instead creates a generic restlessness that both manifests the interruptive effects of Martin’s pain and resists the simplest possible narrative cure: Martin’s restitution to the complacent futurity promised at the end of his one-time coming-of-age plot. Well before Martin comes to, lying flat on his back in the respirator, *The Lung* adopts distortion—of novel genre conventions and the national norms they forge and fortify—as a guiding principle. Farrell’s novel begins with Martin stumbling, more and less drunk and in worsening physical discomfort, from one classic site or rite of English realist fiction to another: from horse races to a church wedding to a grand house for the wedding reception, where he collapses ill. His irreverent opening itinerary through scenes of upper-middle-class ritual and social cohesion (sport and leisure, church ceremony, domestic party) mocks the priority historically afforded to such occasions in English novels. Nor will *The Lung* go on to settle into the generic grooves of a “hospital book” either, as one reviewer noted (Duchene). While Martin is immobilized in the iron lung and throughout his hospitalization, the novel carries on a freewheeling tour of subgeneric scripts, its prose rambling in pain and sometimes at will into styles and scenes plucked from slapstick farce, sick-child melodrama, science fiction, goofy caper, pulpy sex comedy (with a dash of crime procedural thrown in), and romance novels, as when, in a half-hallucinatory passage, “a nurse sits reading a novel about a doctor falling in love with a nurse” (50). In funny gestures in 1960s metafictional style, Farrell winks at the

novel's visits to fictional subgenres when Martin, breathing on his own again but unwilling to take up basket weaving to exercise his fingers, is given a typewriter for occupational therapy. Though he finds "it extremely difficult to hit the right letters," he starts writing "a lecherous, sadistic, pornographic thriller" with the hilarious title "Where the Sunburn Ends" (126). Later, he tries "a turgid psychological drama" and a sci-fi "disaster" (155) about "a shoal of piranha fish, swollen by radioactive mutations to the size of submarines" (181).

Loopy and disorienting, the subgeneric pyrotechnics of *The Lung* consolidate its dead-serious genre critique. To read *The Lung* through is ultimately to read less a "polio novel" than a novel in search of a novel genre commensurate with an experience of severe polio. If the search is all but doomed to fail, *The Lung* succeeds for having gone seeking. Farrell's novel steers clear of depicting an individual protagonist whose polio pain socializes him into or, in Martin's case, back into embodiment of "the norms of the national collective" (Ho 16), as the curative plot that Davis tracks across classic English fiction would have it. *The Lung* instead makes the English novel into that which requires remedy if it is to imagine pain, disability, or illness and by extension to reimagine the embodied norms on which the genre was long premised. *The Lung* sustains a generic unsettlement that, along with the array of other ruptures that pain produces in it, finally shifts the onus of experiencing and accommodating for pain from character to genre, from an individual protagonist to the English novel.

What is especially moving about the aesthetic labor Farrell poured into making a novel—or remaking the novel—out of polio pain is that he could so much more easily have done otherwise. In his own life, Farrell would occasionally narrate his polio experience in terms reminiscent of a *künstlerroman* ("artist novel"), and encourage "the myth . . . that he had entered the lung as a stalwart 'heartly' and emerged as a white-haired, emaciated novelist" (Spurling). This version of events must have had self-protective utility, allowing Farrell to deflect nosy questions about polio and

its effects on him. Yet the story of the rugby player turned writer is not wholly inaccurate. Farrell did resolve to become a novelist after coming through acute polio. But he also resolved not to become the sort of novelist who would lend his polio experience to the projects of shoring up the faltering image of the normal Englishman or reclaiming the sense of entitlement to imperial power that that image, and the novels that burnished it, had long and disastrously served.

NOTES

1. Poliovirus remains endemic in Afghanistan and Pakistan. The CIA's use of vaccination efforts as cover "in a bid to obtain DNA from the children of [Osama] bin Laden" jeopardized eradication efforts in both nations ("Polio Eradication"). Between 31 July 2023 and 30 July 2024, the World Health Organization reported paralytic polio in eighteen African nations, Indonesia, and Yemen ("Polio Today"). The spread of antivaccination sentiment and COVID-19-related disruptions in global vaccine distribution threaten ongoing polio eradication efforts and achievements the world over (Pallansch). Since the discovery of polio viruses in London sewage in 2022, the Health Security Agency has continued to surveil spread and the National Health Service has pressed an emergency immunization campaign ("Polio Vaccine"). Following confirmation of the first case of polio in Gaza in twenty-five years, the World Health Organization and the United Nations Children's Fund called for "humanitarian pauses . . . in fighting" to allow for an emergency polio vaccination campaign ("Humanitarian Pauses").

2. Antivaccine sentiment thrives on past epidemics' sliding out of lived memory (Biss 106–09). "Forgetting" polio takes many forms, including the understandable emphasis on polio vaccine precedent in coverage of early COVID-19 immunization efforts in North America. In Robinson; White; Wright; and innumerable other news and feature stories, for example, folks over seventy or so recalled their childhood fear of polio and receipt of their first vaccinations against it, while those who died of polio or who live with post-polio syndrome remain comparatively obscure.

3. I paraphrase these alternatives from Siebers on the "few images of pain acceptable to current body theory," none of which he finds "realistic from the standpoint of people who suffer pain daily" (61).

4. *Disease*, *disability*, and *pain* are not synonyms. Farrell's novel illuminates the extent to which the English novel participated in such "ableist conflation" (Reynolds 4).

5. For details of Farrell's experience of polio, I am indebted to Greacen, ch. 6.

6. For a refreshing exception to this rule in the Farrell scholarship, see Goodman's historicist analysis of colonial medicine in Farrell's *The Siege of Krishnapur*.

7. Literary disability studies scholars now theorize a “disabled textuality” irreducible to characterization and seek to “disarticulate chronic pain from character” (Bérubé 15; Snediker 5).

8. The HIV/AIDS pandemic, the polio epidemics, and the 1918 influenza pandemic are imperfect analogues for one another. Still, it merits noting that the cultural record of HIV/AIDS is far more extensive and diverse than those of its rough twentieth-century precedents. Humanities scholars now confront not elision but the “normalization” (Tomso 443) of the AIDS pandemic in rich nations and the “gentrification” (Schulman 36–52) and “marginalization of queer experimental literature” and political consciousness since the height of the AIDS crisis (Bradway 190).

9. On the related utility of epidemic metaphors for terrorism and insurgency to “the management of empire and neoimperial formations,” see Raza Kolb 4.

10. Rogers contextualizes the racialization of polio within US medical segregation and scientific racism and chronicles Black doctors and civil rights activists who challenged the discriminatory racial politics of polio. On gendered polio care and prevention, see Foertsch, ch. 1; Martin 23–33; Oshinsky, ch. 5.

11. MacKay cites the proliferation in postwar British fiction of “stories that [had] previously gone untold” as one measure of “the impact on the novel of the social justice movements of the 1960s” (*Cambridge Introduction* 156).

12. In *The Lung* and in the novels of many of Farrell’s contemporaries in the 1960s, experimentalism “coexisted” with realism, making a fruitful mess of the convenient critical binary (Mitchell 8). McLoughlin explains that the “alleged distinction between realism and experimentalism” featured so powerfully in postwar and subsequent British literary discourse as to motivate the more recent critical “project of de-classification” of the period’s novels, especially those of the 1960s (19).

13. Shakespeare assesses the British social model of disability and feminist challenges to it. The British Polio Fellowship, a mutual aid society founded in 1939, was a significant precursor to later disability rights movements (Gould 165–69).

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Abstract: This essay brings to light J. G. Farrell's novel *The Lung* (1965), a singularly inventive and politically incisive fiction of epidemic polio. It situates the novel in three key contexts: the neglected history of epidemic poliomyelitis and the state response to it in the postwar United Kingdom; the mid-century polio culture industry; and the English novel itself, which genre *The Lung* finds incommensurate with the range and extremes of physical pain caused by poliomyelitis. Farrell's novel has been out of print since a paperback edition of 1967 and has never been published outside the United Kingdom. This essay understands the obscurity of *The Lung* as indicative of a larger and increasingly urgent disconnect between literary studies and the history of public health.