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## RECEPTION OF *COMA* BY ROBIN COOK

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### **Abstract:**

*The present paper investigates the reception of Robin Cook's novel *Coma* within both literary and medical contexts. It delves into how the novel's portrayal of medical procedures, ethics, and the healthcare industry resonates with readers and professionals alike. Through analysis of critical reviews, reader responses, and scholarly discourse, the paper explores the impact of *Coma* on public perception of medical practices and the broader discourse surrounding healthcare. It also examines how the novel reflects societal anxieties and ethical dilemmas inherent in modern medicine. Ultimately, the paper sheds light on the cultural significance of *Coma* and its enduring relevance in discussions about medicine, technology, and ethics.*

**Keywords:** *Reception, Ethics, Critical Review, Reader Response, Discourse, Societal Anxiety, Ethical Dilemma, Cultural Significance, etc.*

This paper attempts to highlight the contribution made by Robin Cook to American Literature and the reception of his major bestseller novel *Coma* (1977). Cook wrote 37 worldwide best sellers and sold more than 400 million books that put the spotlight on real-world issues such as organ donation and transplantation, fertility treatment, in vitro fertilization, genetic engineering, managed care, medical tourism, research funding, drug research, and medical malpractice. His medical mystery-thrillers changed public perception. This is the success of Cook. Prior to *Coma*, medicine and doctors were put on the proverbial pedestal; after the thriller, there were serious questions and multiple queries about doctors and patient care. Awareness has been created in the society by the novels of Cook.

*Coma*, a gripping medical thriller, combines the intensity of an investigative drama with the haunting atmosphere of a sinister conspiracy. With each page turned, the reader is drawn deeper into the labyrinth of deception, unable to break free from the alluring pull of suspense. Robin Cook masterfully weaves together elements of medical science, suspense, and ethical dilemmas, leaving readers questioning the true motives behind the hospitals that promise to heal but may, instead, destroy. Cook in the author's note of this novel state, about women, that:

I must admit that the research I did on the subject...caused me to alter my opinions. I now have a heightened regard for female physicians and female medical students. I recognize that their training experiences are much more difficult and stressful than those of their male counterparts (Cook, 308).

J. Keffer criticizing *Coma* in the journal *Bestsellers* says: "An absolutely fascinating story...I do not think anyone can beat the suspense and the story line developed throughout this novel" (Bryfonski and Hariss, 131). Mel Watkins, a New York Times critic, talks about the skilful plot



development that trusts the protagonist 'into an escalating cycle of terrifying events that keep the action moving' (Bryfonski and Hariss, 131). He further says that *Coma* is "a gripping, scarifying novel... unusual and entertaining use of our enthrallment with the world of human medicine, portent of our own mortality" (Bryfonski and Hariss, 131). David Brudnoy expresses his observation in *The National Review* as follows:

By and large this is a horror story of the first order...and it strikes the core of many people's queasiness about the current debate as to when death occurs. (Bryfonski and Hariss, 131) But Tom Paulin in *New Statesman* says that *Coma* has no emotions and that it is "a brash, oddly fascinating and unintentionally hilarious fantasy about black market tissue transplants (Bryfonski and Hariss, 131).

The editor Halma in the book *Contemporary Authors* (1984) says that the first book of Cook could not make it to the Best Seller list. From then on, the author set out to discover why. And so, he read dozens of successful novels studying plots and characterizations, thus learning the elements that appealed to the pulse of the reading public. Concentrating particularly on suspense fiction, the editors say that, Cook decided on a formula that combined medicine and murder, focusing on the macabre side of the healing arts. Then he wrote the book *Coma* which became a huge success. Apart from the aspects like the setting, treatment of race and gender, Cook uses three main factors in order to explain the purpose of writing the novel. These three aspects of the novel are the Prologue, Epilogue and the Author's note. It will be pertinent to see the role of the prologue, epilogue and the author's note in *Coma* and how these elements help the reader in understanding and illuminating the main story.

Prologue in Robin Cook's novels is an initiation of the story to the reader. An introduction of a grave situation is usually presented in the prologue. Sometimes a prologue starts with a description of an internal system. The main aim of the prologue is to introduce as well as create a sense of mystery before the reader. In the beginning of the *Coma*, Cook introduces situation which immediately take possession of the reader. In other words, the reader gets attracted towards the tension that has been sparkled right in the very first sentence of the prologue. Adding to it is a touch of reality. In every book including *Coma*, Cook provides us with the date, month and year of the happening of an episode. In *Coma* the prologue starts with the date and year. On February 14, 1976 from where the episode starts with a patient in an operation theatre waiting to get operated upon. Cook in *Coma* says, "Nancy Greenly lay on the operating table on her back, staring up at the large Kettledrum shaped light in operating room number eight, trying to be calm" (Cook,1).

Thus, with the very first sentence, Cook captivates the reader's attention. Epigraph in Robin Cook's novels are inspiring sentence or sentences taken from the works of notable thinkers. These sentences provide us with a philosophical outlook of the story. To make the reader ponder about it is the main purpose of the epigraph. The main purpose of the author's note is the author's explanation as to why and how he has written the book. In *Coma*, the author's note explains us the problem of transplantation. Cook cites an advertisement in *San Gabriel (Calif) Tribune*, May 9, 1968 Col. 4 which says,

Need a Transplant?

Man will sell any portion of body for financial remuneration to person needing an operation. Write box 1211-630, Covina (Cook, 306).

In this note, Cook says that the solution is within our grasp. He says that the donor can be the person who already is dead. That is, the organ(s) needed should be taken within an hour of the death





to put into a noble cause. He further says that the law should change according to the technical innovations. By author's note, Cook not only enlightens us with the facts of science, but also with the problems which we tend to overlook, ignores or just read in the news magazines and forgets. What Cook wants to point out is that the experimentation can take place with anyone of us where "we the people" are required to take a stance. Eventually, it can be said that though a prolific novelist, Robin Cook is never repetitive. He employs a series of skilful strategies and techniques to hold the attention of the reader. In particular, he seems to make a special use of the prologue, epilogue and author's note to unfold a successful narrative.

Teja Lele in *Hindustan Times* reviews:

I read my first Robin Cook as a Class 10 student and I was hooked. For a while, inspired by Laurie Montgomery and Jack Stapleton, the co-workers who become a couple while solving various medical mysteries, I considered a career as a forensic pathologist. Six months down the line, I lost my heart to Ayn Rand's *Fountainhead* and Howard Roark, ultimately choosing to apply for a course in architecture. But my love for medical thrillers – and Robin Cook - didn't wane. And over the course of a few summers, I read my way through many of his books.

In an interview with *Medscape*, an online platform for medical news and expert perspectives, Cook spoke about being disturbed when he got to medical school and saw it was quite different from what had been presented in books and on film. "I said, 'Someday, I'm going to write a book that's true!' That was the origin of why I ended up doing what I'm doing," he said.

Critic Lorena Laura Stookey in *Robin Cook: A critical Companion* (1996) opines that medical thrillers defy categorization and exceed or stretch under the looser rubric of thriller, mystery and suspense fiction. (p 16) This crossing and blurring boundary of genres employed in medical thrillers can be one reason for critiquing it as 'impure literature'. Other major criticism surrounding the genre is its low literariness which they fix on lack of serious content which is not true. This may be because of its commercial and didactic nature similar to medieval literature. However, such a criticism is not new as even pulp science fiction during its early stages was considered so. Also, its similarity with the pulp fictions, especially in the stereotypes, settings and themes introduced enables scholars to call it 'lowbrow literature' or pop fiction.

The genre in general and *Coma* in particular unravels from the perspectives of both inside and outside: insider- because written by medical professional, outsider- because he is no more practicing medicine, the dual sides of medicine in a publicly digestible form – often leading to dilution and misreading dovetailing the fiction as a corollary of bioethics, making this having ambiguous impact on readers. Because, medical thrillers came up to disseminate the knowledge about latest technology in medicine to the vulgar or populace, it was important that the hidden aspects of medicine become more open for patients to care about.

As acknowledged by author Robin Cook in his interviews and epilogues of his later editions of the novel *Coma*, Cook writes his intention in writing the genre was to explore the subtle nuances of the medical field (Cook, 2001: 362-363). As Cook perceived medical knowledge as generally unavailable to the vulgar, his books might form a way to inform them and get them participated in the wider discourse of biomedicine and thus have a say in bioethics, the emerging scholarship that has been pervading medicine at that time. We suggest these issues and other social problems have been drawn in the book using the strategies of grotesque like in its structural principle, theme and effect on



the reader so that the books leave a didactic impression which would keep them alert of biomedical advances and its implications if taken to the extreme.

The book also has elements from detective fictions, particularly in the sections of investigations undertaken by Susan Wheeler, the protagonist. Unlike, the specialized detective in the detective fictions, here the difference is, a medical professional takes charge of the complicated situation trying to analyse and find out the anomaly in the hospital settings. Susan's discovery of a large number of coma patients, in the Boston Memorial Hospital is one such example. However, it should be kept in mind that the usage of a doctor in detective fiction is not a new thing, as Conan Doyle had already introduced Watson, the chief help and friend of Sherlock Holmes, but in the medical thriller, the protagonist itself becomes the detective. The chase and hit scenes, where the hit man literally hunts down the protagonist are some of the very interesting sections of the thrillers. It transports the reader into an entire new level of entertainment. The discovery of the cues to the crime and the attempt to avert crimes are interesting just like the detective fictions, but unlike the detective who stands apart from the crime, as an entity who is clearly a rational and untouchable being, the protagonist is vulnerable to all threats of the conspirators. He or she even ends up being devoured in their attempt to avert crime. This aspect rather than being a disappointment to fiction brings in the more relatable, realistic and human aura to the doctor figures, deflating him from the omniscient pedestal which was until then occupied by him. It thus informs about the historical climate which had revamped the healthcare institution from its altruistic old model to the industrialized enterprise.

Another interesting aspect of medical thrillers in general, and *Coma* in particular is that it contains elements of suspense and mystery - which in itself is a genre called mystery or suspense fiction. The mystery and suspense fiction basically has elements of the detective fiction but with a narrative strategy that prolongs the truth about the crime. For example, when the novel begins Cook uses a lot of red herrings- which a literary device to distract from the original focus and thus prolong the discovery of the truth and also complicate the maze of doubts in the protagonist. For instance, when Susan Wheeler's investigation goes on, Ambrose - the hit man suddenly arrives to warn her to stay out of meddling with the hospital issues. Also, the section where Bellows gets imbricated with drug dealing because of a large number of drugs in the locker, discovery of a large number of pornographic photos in Walter's lockers, followed by the discovery of a hanged Walters, in his dingy room in a depleting suburb of Boston under mysterious circumstances are few of the red herrings employed to distract the reader from the main conspirators of coma cases so that Susan would be kept in check through Bellows rustication.

The writer of medical thriller is justified in using fast paced narrative plot for it reveals the fastness of the modern world, where inhuman practices are an ordinary reality. The unusual number of coma patients otherwise healthy is a best example. Thus, *Coma*, a medical thriller serves as a topical genre of inventiveness that sheds light on the controversies of the times, celebrating the forms of modernity and the writer's imagination. The punch line *Coma* as a novel seems to project is that of the alien reality of where progress is headed onto, a convincing fact that life is irreversible and non-creatable. Medical thriller's ruptures the boundaries of what we 'know', situating mostly in a direct opposition to the norm or usual, it acts like a catalyst opening the boundaries of disparate realities and setting a reaction in motion. *Coma*, being like a catalyst consumes our beliefs, culture, understandings and meaning of life. In their studied ambivalence the medical thriller as grotesque they propose one response as in progressive scientific research even as they thwart with the opposite idea of bioethics. The pleasure of a science fiction evaporates with the horror of its reality. *Coma* fixes our attention on the boundary of the health care industry and medical institution and at the same time intermingling it with the possibility of an alien and unexpected reality. Thus, the received ideas, normal expectations and social and cultural conventions are turned against themselves. This is exactly what Bernard of





Clairvaux explains in describing the carved monsters of medieval times when he quotes as “this shapely shapelessness, this shapeless shapeliness” (Argiro, L. & Holt, E.G., 22).

The ‘gap’ which medical thrillers create between contested spaces of two different realities, allows the reader to explore varied interpretations and understandings and hence is very useful. For in these gaps, the fragments of an evolving modern world jostle for space and coexist with creation, destruction and destabilization. The medical thriller is an interrogation of style that calls into question about boundaries of all kinds whether it is cultural, sociological, aesthetic or literary. Whether aberrant, metamorphic, or combinatory, grotesques are all transitional, in-between state of being and medical thriller justifies this when Cook himself negates its identity as science fiction. Blurring categories, the grotesque pulls us into a luminal state of multiple possibilities. The collision of the physician, normally associated with empathy and care for patients being portrayed as greedy for money and power, brings out powerful contradictory responses. The reader is left with paranoia for health care in general and towards physicians. This abrupt suspense enhances the beauty of the text and sends the normal expectations lurching without warning.

The author’s note towards the end of the book reaffirms this: “This novel was conceived as an entertainment, but it is not science fiction.” (Cook, 329), and this seems scandalous, mocking the aesthetic enjoyment we anticipate, while pointing to a probability of such an occurrence suppressed by it. The narrative about violation of normal healthcare ethics, simultaneously attract the reader for he or she wants to know more about it and at the same time repels at the idea. The reader gets paranoid that the system should alter in this way. Medical thrillers by its excesses of being moralistic subvert itself to the extent that it forgets its entertainment motto embedded in all the pop fiction.

The aesthetic appeal for this work lies in its immediacy with the readers in the following ways: 1. the medical thrillers pull the reader beyond the boundaries of the world we know, 2. it also reminds them of the limits as human and our own mortality that can only be extended by medicine’s intervention and 3. Yet focussing the lens on the side of medical research that can be a possible fact and fiction. Although this genre has much to offer, we think that the reason for its dismissal as ‘popular or lowbrow literature’ by Catherine Belling and other main stream scholars lie in its pedantic and overt expression of bioethics in the guise of cautionary tale. This reason is furthered in her argument in her critical essay Living Dead -fiction, horror and bioethics which states that “The public engagement that accompanied the rise of bioethics and that led to increased transparency and patient autonomy in medical decision-making had its birth, in part, in the distrust and paranoia reflected in the medical thriller. Because fiction can shape public perceptions of health-care dilemmas and may affect decision making on bioethical issues, bioethicists need to pay attention to popular fictional accounts of medicine” (Belling, 439).

Medical thriller cannot be dismissed altogether for its popular cautionary tale, as within this tale, a more genuine issue of organ deficiency and cultural, social and political understanding of life and death, the effects of globalisation on medicine and also the perception of women as targets for possible human experiments remains hidden. The story being both controversial and popular is an eye opener for those who view how powerful institutions trap targets from a gendered lens. The subjection of more females as tastes for experiments or for illegal organ harvesting is a case in point where Cook tries to show how the quality of women as less logical is actually utilized by institutions.

The original intent of *Coma* as revealed by the writer was to encourage more people for organ donation while studies reveal the contradictory effect. The imagery of comatose bodies is gruesome, like meat hung from hooks, in an unknown state of existence and the idea that it is these bodies which are much desired for their valuable organs that could be transferred to needy donors simply chills the reader. Like the cyborg or centaurs, the grotesque creature of brain-dead patients cannot be identified as one thing or the other and this boundary creature roams the borderlands of the



conventional and very familiar. Each of the patients falling into a coma state is a grotesque because we feel attracted and repulsed at these creatures.

In the novel *Coma*, a hospital turns out to be a centre for criminal conspiracy and murder for the procurement of organ for harvesting. For this, patients are given carbon monoxide in the OR and turned 'comatose'. This plot contradicts the "normal" understanding and workings of hospital- that is as a place that saves people from their birth till death. Boston Memorial becomes an anxious site because it where conspiracy thrives. Hospitals and health care centres like Boston Memorial in this manner become grotesque for they become spaces of birth and death that is the grave like the grotto.

Thus, medical thriller becomes a space for new imaginations and inclusivity that can bring possible progress to humanity while still keeping a control over human experimentation ethics that powerful institutions may or may not employ. Cook shares the notion that there are limits to progress which man should not surpass because of the detrimental changes which might result. Through a variety of motifs and new perspectives like the science fiction writers like H. G. Wells and others makes startling insinuations about man's capabilities. More than an adventure, Cook's novels began to take form and direction, becoming more a medium of ideas.

In conclusion, the reception of Robin Cook's *Coma* underscores its significant impact on both literary and medical spheres. Through critical analysis and reader responses, it becomes evident that the novel has sparked meaningful discussions about medical ethics, procedures, and the healthcare industry. By blending elements of thriller fiction with medical realism, Cook successfully captivates audiences while also raising awareness about pertinent issues in modern medicine. Moreover, the enduring popularity of *Coma* suggests its continued relevance in contemporary discourse surrounding healthcare, technology, and ethics. Its portrayal of medical practices and the complexities of the healthcare system resonate with readers, professionals, and scholar alike, prompting reflection on the societal implications of advancements in medicine.

Thus, the reception of *Coma* highlights its role as not only a gripping literary work but also as a catalyst for critical reflection and dialogue about the intersection of medicine and society. As such, it stands as a testament to Cook's ability to engage and provoke thought, leaving a lasting imprint on both literature and medicine.

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