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The Cinema of Control: On Diabetic Excess and Illness in Film

Kevin L. Ferguson
CUNY Queens College

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ABSTRACT: While not rare, films that do represent diabetes must work around the disease's banal invisibility, and images of diabetics in film are thus especially susceptible to metaphor and exaggeration. This essay is the first to outline a diabetic filmography, discussing medical and cinematic strategies for visualizing the disease as well as how the illness informs family plots and heroic characters in horror films. Doing so, it participates in a larger discussion of the manner in which film images of ill or disabled groups sustain notions of "normalcy" by both representing and denying otherness.

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email: kevinlferguson9@gmail.com

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It begins for me with Alfred Hitchcock's *Psycho* (1960) and the behind-the-scenes trivia that the famous shower scene used chocolate sauce in place of blood. Those two dark fluids, monochromatically linked in a film about excess and execution, mark the outlines of a diabetic filmography that connects the richness of the pleasures of eating with the uneasiness of the fragility of the body. This substitution of food items for fleshy substances continues to be a trick of the cinematic experience; as a child I made it through countless movies by invoking, mantra-like, my father's wisdom about movie blood--"it's only ketchup"--and as a teenager I kept my stomach from turning by reminding myself that movie vomit is often just canned vegetable soup. But I pause now in thinking about such methods to protect myself from the intended visceral shock, since for a certain type of viewer the equation between chocolate sauce and blood is decidedly not a comforting one, is not a safe reminder that the artifice of the body in the movie world is wholly unconnected to the body in reality. For most viewers, including my childhood self, blood replaced by chocolate sauce is a substitution that sweetly calms the anxiety of death, but for a cinemagoer with diabetes, chocolate sauce for blood might spark an even more terrifying fantasy of body horror than could be imagined with kitchen knives or exposed flesh.[1]

This is not to suggest, of course, that Hitchcock's film is only truly scary for the diabetic viewer "in the know" about cinema's trick effects, nor even to suggest that filmmakers often make a legible effort to employ the diabetic viewer's imagination. In fact, the opposite is true. Take a film that for American audiences looks to capture the reality of diabetes, *Steel Magnolias* (Herbert Ross, 1989). Here, a young and pretty Julia Roberts plays suggestively named Shelby Eatenton, a recent bride determined to have a child despite her doctor's warning that she must

not because of diabetes. Shelby delivers a boy; consequently, she develops kidney failure, falls into a coma after a transplant, and dies after being removed from life support. The film’s most dramatic scene occurs twenty-five minutes in, the first time Shelby’s diabetes is revealed. Shelby is discussing her wedding arrangements at Truvy’s (Dolly Parton) beauty parlor, where a group of friends often gathers. Suddenly, the soundtrack becomes echoic, the score shifts to ominously atonal organ, the camera moves to a close-up of Roberts’s face, and viewers see Shelby become intensely out of control, panicked, rabidly tearing at her recently styled hair, fighting off her mother with fists as she tries to force orange juice down Shelby’s throat, before Shelby finally recovers, sobbing in abject shame “Oh momma I’m sorry” and apologizing tearfully to Truvy. The other ladies condescendingly comfort Shelby, excusing her excessive behavior as pre-wedding jitters, a reading which Robert’s suddenly remorseful Jekyll-and-Hyde performance supports, suggesting that while the diabetic Shelby who experienced severe hypoglycemia (low blood sugar) presents a frightening figure, she is someone radically different from frightened Shelby, the gentle bride-to-be. In *Steel Magnolias*, diabetes splits Shelby into two people: the one is out of control and tamed by the intervention of levelheaded, healthy women; the other can only be remorseful and grateful to be let off the hook. Marked by an absence of self-control, diabetic characters like Shelby will always be a suspect bunch, never quite in command of their selves and always reliant on the kindness of strangers.

Figure 1: Shelby's rabid diabetic distress in *Steel Magnolias*.
(Copyright 1989, Rastar Films)

Unfortunately, this scene, where the camera promises to bring us so close to the experience of nearly eight percent of the population of America,[2] is actually aimed at everyone but a diabetic viewer. It is difficult to determine the diabetic community's response to *Steel Magnolias*. The film does raise awareness of diabetes, and the American Diabetes Association and the Juvenile Diabetes Research Foundation continue to host fundraiser screenings. However, anecdotal evidence from weblogs suggests that many viewers finds this particular presentation hurtful, not only because diabetes is presented as monstrous and debilitating, but also because it does not realistically portray good medical practice, which allows nearly all diabetic women today to deliver healthy babies.[3] Rather than showing a manageable illness, the real horror of Shelby's condition is that it threatens to render onlookers, the other women as well as cinemagoers, helpless and morally culpable. I agree that this scene is scary, but as a tale of a gentle woman demonically possessed by illness, it frightens the healthy viewer much more than the sick one. Shelby is so out of control as to be merely spectacle; the focus of this scene is how

the healthy women will respond to her shocking behavior. In films like this, the fragile diabetic character is little more than a cinematic hot potato used to take the measure of passersby.

It feels a bit like cheating to criticize *Steel Magnolias* or other films that mangle the portrayal of disease; many would make the familiar request for dramatic license--"it's only a movie"--or argue that any presentation of diabetes that raises awareness is better than none. Screenwriter Robert Harling based his script and the earlier stage play on autobiographical details of his sister's death, stressing how this is one particular woman's story. Others associated with the film worked to both draw upon and distance themselves from such similarities to reality. Discussing her Academy Award-nominated role, Julia Roberts says she "felt an obligation to a truth, to explain to the people who see this movie, 'This is true; this is what happened.' But it was not a documentary by any stretch of the imagination. . . . There's a sense that you have to understand the difference between drama and documentary."[4] Initially Roberts is authoritative in suggesting that, as a trained actress, she is the one best qualified to negotiate this difference, but her later second person pronoun slyly implicates the complaining viewer: it is ultimately *your* responsibility to deal with the potential confusion between drama and documentary. In keeping with other Hollywood filmmakers concerned more with a film's dramatic impact than its strict factuality,[5] Roberts suggests viewers take a commonsense approach to images that are drama, and hence implicitly harmless, opposed to those that are documentary, and susceptible to criticism. Yet, such suggestion that filmgoers should resist critically interrogating recurrent images of disease operates on an outdated model of spectatorship that considers cinema a simple, direct ideological vessel. Instead, as critics Christopher R. Smit and Anthony Enns illustrate in their edited collection *Screening Disability*, "films are not merely carriers of ideology but rather present us with ambiguous or conflicting ideologies."[6] While I do not claim that all illnesses are

necessarily a type of disability, the model of Disability Studies laid out in *Screening Disability* is particularly relevant to the study of diabetes in film, since diabetes is an especially challenging illness to visualize and thus like "disability itself has no easily recognizable form."[7]

Paul K. Longmore's seminal essay "Screening Stereotypes: Images of Disabled People" reconsiders spectatorship from the lens of illness. Longmore, considering the difficulty spectators have with even seeing disability, begins with two paradoxical questions: "Why are there so many disabled characters, and why do we overlook them so much of the time? Why do television and film so frequently screen disabled characters for us to see, and why do we usually screen them out of our consciousness even as we absorb those images?"[8] Starting with this seeming conflict, Longmore demonstrates how viewers do not unproblematically absorb media, but are actually trained by such images. Sick or disabled characters are not more present in today's visual culture since this more accurately resembles real world diversity, but rather they appear in order to allow healthy viewers the opportunity to conceptualize distant cultural lessons and for ill spectators to likewise internalize representations of their marginalizing characteristic. My hope is that with a better awareness of the way diabetes envelops fictional film characters, we can be lead to alternative modes of spectatorship which take into account the iconography of illness and more sensitively read the cinematic demarcation of sick bodies from healthy ones. Longmore suggests that the political task of Disability Studies is "to liberate disabled people from the paternalistic prejudice expressed in those images and to forge a new social identity."[9] Likewise, my desire to analyze filmic representations of diabetes is part of a political project to examine how the sick internalize and perceive themselves through a culturally mediated identity.

In this essay I survey a wide-ranging diabetic filmography that I call the "cinema of control" and its preoccupation with three tropes: the role of medical vision in providing witness

to an invisible illness, the metaphoric coding of families in peril, and the medical ambivalence over the wonder drug insulin. Rather than simply correct mistakes movies make about diabetes, I want to offer thematic readings of diabetic films, comparing the "excessive" signification of diabetes with cinema's ability to offer multiple significations outside of narrative. In doing so, I draw on the work of Michel Foucault, who identifies a shift in forms of control from punitive to personal that structures diabetic experience; the clinical rhetoric of diabetes management, established upon an ethical concept of "control"; and Kristin Thompson's description of an "excess" in narrative cinema which allows for new readings of films from diabetic perspectives. The thirty-six films I discuss represent the most comprehensive list of diabetic characters I could gather. My criterion for inclusion was that either a character explicitly had diabetes or that insulin was used as a plot point. I was aided in my viewing research by searching the websites of The Internet Movie Database and Turner Classic Movies; for this reason, I have mostly encountered European and American films.[10]

Metaphorically, diabetes mellitus is a disease that can be characterized as a kind of bodily self-failure only staved off by continually renewed efforts at control. Diabetes has two prominent types, in addition to a number of rarer forms. Type 1 diabetes, which accounts for 5% to 10% of cases, appears most often in children and results when the pancreas fails to produce insulin, a necessary hormone that plays a part in carbohydrate metabolism and removes sugar from the blood; Type 1 was thus formerly called insulin-dependent diabetes mellitus (IDDM) or juvenile diabetes and is typically treated with insulin injections or an insulin pump.[11] Type 2 diabetes, which accounts for 90% to 95% of cases, appears primarily in adults and results when the body does produce insulin but other cells fail to use it properly; Type 2 was formerly labeled non-insulin-dependent diabetes mellitus (NIDDM) or adult-onset diabetes and is typically treated

with oral medication and changes in diet and exercise (1). Treatment protocols vary depending on the individual, but as a whole 14% of diabetics manage the disease with insulin, 57% with oral medication, 13% with a combination, and 16% with no medication (2). All diabetics are encouraged to manage diet, exercise, and stress, which affect blood glucose levels. Type 1 diabetes is classified as an autoimmune disorder, which means in essence that the body misrecognizes "some constituent of the subject's own tissues"[12] and "attacks" itself. Recent research suggests there may be an autoimmune component to Type 2 diabetes as well, while genetic and environmental factors are also thought to play central roles. I am especially interested in the metaphoric self-failure of the autoimmune response in young diabetic bodies, which lends itself to a clinical focus on the individual's struggle to reassert control over the body's errant functions. Following the initial classification of diabetes into two age groups, cultural stereotypes about diabetics focus on either older adults, stereotypically cranky and stubborn, or on plucky young children whose diabetes is especially life threatening and a source of worry to healthy parents. Hollywood film is more likely to poke fun at elderly, crotchety diabetics than innocent children, so we see more of the former. Of the diabetic characters I surveyed, two are preteen and four in their early 20s; the great majority are adults.

Other variants of diabetes include Gestational Diabetes, Pre-Diabetes, Maturity-Onset Diabetes of Youth (MODY), and Latent Autoimmune Diabetes of Adulthood (LADA), and account for 1% to 5% of cases of diabetes (1). Gestational diabetes, while only representing a small percentage of diabetics, has a higher public profile, perhaps because it affects otherwise nondiabetic individuals, and often disappears after a woman gives birth.[13] This momentary "intrusion" of disease into the lives of healthy women offers an especially melodramatic narrative; on the one hand is the fearful lesson that "it could happen to anyone," and on the other

is the notion that diabetes occurs as a consequence of an individual's behavior. I would not argue that this is in the same register as cancer, a disease which Susan Sontag argued was easy to read as being a punishment for a particular lifestyle. Yet, popular diabetic narratives like *Steel Magnolias*, which explicitly link diabetes and pregnancy, reinforce the suggestion that diabetes is as much about choice as it is about biology.[14]

Diabetes is a particularly instructive disease to emphasize cinema's role in constructing illness for three reasons. First is its prevalence in both the general population as well as various film genres. Diabetes is not at all a rare disease; despite estimates that there are 5.7 million undiagnosed cases in the United States (CDC, 5), the disease has gained increased public awareness from celebrities like Mary Tyler Moore and advertisements featuring Wilford Brimley that regularly appear during daytime television to teach about the importance of blood glucose testing. Since diabetes is neither a contagious viral disease (like HIV/AIDS), nor conceptualized as an invading foreign body (like cancer), it is not an obvious choice for science fiction or fantasy treatments, and instead operates more realistically in films. Second, diabetes is relatively invisible; except for those who suffer from secondary complications, it is impossible to identify a diabetic by sight. To code diabetic characters, cinema must thus deploy a metonymic iconography, allowing, for instance, a single syringe to stand in for a more elaborate process of diabetic management.[15] Third, the rhetoric of diabetic care since insulin's discovery has pivoted on the idea of "control," the key term in the daily work of diabetes management. This word "control," instead of "cure," has been emphasized by nearly every clinical commentator on diabetes since Elliott Proctor Joslin, the founder of modern diabetes care.[16]

Cultural critic Sander Gilman describes how this emphasis on control is central to the larger cultural work undertaken in representing illness. He traces "the fear of collapse, the sense

of dissolution, which contaminates the Western image of all diseases" to artistic representations of illness, which are necessary projections of "this fear onto the world in order to localize it and, indeed, to domesticate it."[17] Art, then, "is an icon of our control of the flux of reality,"[18] and the frightening prospective breakdown of the healthy individual is safely considered in artistic images of the sick. Gilman's working definition of illness, "a real loss of control that results in our becoming the Other whom we have feared, whom we have projected onto the world,"[19] is remarkably close to the daily fear of the diabetic, as he or she is forever on the brink of losing control and must continually examine him- or herself. In terms of cinematic art, such daily concern with control makes diabetes a representative illness to speak to the underlying anxiety healthy individuals must always feel towards their own potential sickness.

In reality, though, the care of diabetes is guided by a boringly familiar notion of work. Anthropologist Steve Ferzacca demonstrates how "the medical profession has adopted the position that [diabetics] should learn how to become 'physicians unto themselves.'"[20] This involves mimicking "a capitalist logic that links self-discipline, productivity, and health"[21] and finds that in the case of diabetes "being healthy is nearly always associated [with] being productive and useful, and not just conspicuous consumers addicted to the whims of their desires."[22] This is a general theme repeated throughout studies of diabetic care. Elliott Proctor Joslin took an almost "puritanical approach to diabetic salvation"[23] in caring for his patients, urging them that "work shortens the day, but lengthens the life."[24] In doing so, Joslin "cast the daily work of monitoring not simply as a system that would provide feedback to enable corrective adjustments but as a daily exercise that taught almost moral lessons in the struggle against dietary temptation or self-care laxity."[25] This is the real reason I dislike *Steel Magnolias*--diabetes only appears at one excessive moment, and is never otherwise a part of Shelby's life.

Ironically, sensationalizing Shelby's episode actually makes the disease more invisible--diabetes only exists for her and the viewer as a breakdown, and never as a lived experience. This tends to be true of the diabetic filmography, which is filled more with gangrene, amputation, kidney failure, sweat, and comas than it is with glucometers, insulin, healthy eating, or exercise routines.

In cinema, three general possibilities account for sick bodies: the success story (biopics where protagonists heroically overcome the limitations of their illness), the moral warning (using illness as a metaphor for transgressions of moral or familial rules), and the plot point (where illness is a conceptual excuse to introduce a sense of crisis or narrative action). The only diabetic biopic so far is John Boorman's *The General* (1998), about Martin Cahill, a rather unsavory Irish thief who develops Type 2 diabetes. Outside of the infrequent documentary or avant-garde film dealing with diabetes, such as *This Old Cub* (Jeff Santo, 2004), a documentary about the Chicago Cubs third baseman Ron Santo, or the video installation *White Nights, Sugar Dreams* by Shimon Attie (2000),[26] what hope does a diabetic character have in cinema? If fiction filmmakers bother in the first place to mark a character as diabetic, then the diabetic character's function tends to be solely accessory, there just to provide a moral and physical contrast to a film's true hero. After all, other than as metaphor, how are we meant to read aging Michael Corleone's (Al Pacino) final punishment by diabetes in *The Godfather, Part III* (Francis Ford Coppola, 1990), or the excessive hit man Jerry's (Sam Rockwell) demise in *Jerry and Tom* (Saul Rubinek, 1998), or the virtue demonstrated by lawyer Henry Turner (Harrison Ford) when he redeems himself to the elderly diabetic man at the end of *Regarding Henry* (Mike Nichols, 1991)?

A "Murky" History

Of course, the very first thing that Susan Sontag suggests about disease, in her essay *Illness as Metaphor*, is that "illness is *not* a metaphor, and that the most truthful way of regarding illness--and the healthiest way of being ill--is one most purified of, most resistant to, metaphoric thinking."[27] One reason for the variety in characters--gangsters, grandfathers, good guys--metaphorized by diabetes is Sontag's claim that the diseases most susceptible to metaphor are those whose cause is "murky."[28] This is still the case today for diabetes. Lacking an identifiable cause, early descriptions of the disease focused on the excessive symptoms and terrible fate awaiting those diagnosed. Before insulin's discovery in 1921, diabetes was a fatal disease only slightly forestalled by a severe starvation diet. Adults could expect to live about six years after diagnosis; children could expect to live three or so years, but all would essentially waste away.[29] Ancient Greek descriptions of the disease focused on the spectacle of a patient whose "life is disgusting and painful": "their mouth becomes parched and their body dry; the viscera seem as if scorched up" until finally one observes their "abdomen shrivelled, veins protuberant, [and a] general emaciation" that appears "dreadful."[30] This source ends his chapter with the gruesome image of a diabetic consumed by thirst but unable to urinate, "wherefore, what from insatiable thirst, an overflow of liquids, and distension of the belly, the patients have suddenly burst."[31]

According to classicist Folke Henschen, diabetes was first named by the Greek physician Aretaeus the Cappadocian (ca. 2nd C.E.), who gave the above description. The name of the disease comes from two Greek words, "diabaino," meaning "I go or I run through," and "diabetes," meaning "the thing the fluid runs through, that is a siphon or a water-pipe."[32] In Aretaeus' description, we can see how much "water" captured the imagination of the early physicians: "diabetes is a wonderful affection . . . being a melting down of the flesh and limbs

into urine . . . for the patients never stop making water, but the flow is incessant, as if from the opening of aqueducts."[33] Aretaeus was mystified why patients exhibited markedly more micturition than consumption. Of the seemingly impossible imbalance between fluid intake and elimination, he wonders, "but by what method could [patients] be restrained from making water? Or how can shame become more potent than pain?"[34] Aretaeus' foundational staging of the lived experience of diabetes as a balance between "shame" and "pain" continues in cinematic treatments of diabetic characters such as Shelby, embarrassed by her pained outburst.

The first shift in medical understanding of diabetes was famed doctor Thomas Willis's 1678 proposition that the urine of diabetics was particularly sweet or "honied."[35] Willis was proved correct by Matthew Dobson in 1776, who experimented with evaporating a patient's urine "by a gentle heat" to make sugar.[36] What Thomas Willis had labeled "the pissing evil" was now made into medical confection. This new association of the disease with sugar has lasted in the popular imagination until today, and while sugar is certainly a more pleasant thing to imagine than urine, the sugar evoked in cases of diabetes is more akin to the deadly sweets found in "Hansel and Gretel" or *Witches* (Nicolas Roeg, 1990), a contemporary version with a diabetic grandmother. When candy appears as a totem gift in the diabetic filmography, it is loaded with threat. A scene in the crime comedy *Big Nothing* (Jean-Baptiste Andrea, 2006) finds criminals murdering an FBI agent by forcing him to eat an oversized red lollipop. At the beginning of *The Godfather, Part III*, Michael Corleone greets his ex-wife with a piece of cake; she wisely refuses while he eats his. And at the start of *Con Air* (Simon West, 1997), hero Cameron Poe (Nicolas Cage) gives diabetic convict Baby O a pink coconut Sno Ball. This wins Baby O's admiration, but it also means that Baby O must entrust his life to Poe, who fights throughout the film to get Baby O a direly needed shot of insulin.

The discovery and manufacture of insulin in 1921 by Frederick Banting and Charles Best led to a better understanding of the role the pancreas played in regulating glucose (blood sugar) levels and a radical change in diabetes care, transforming it from fatal illness to chronic condition. Just as the earliest descriptions of diabetes focused on visualizing gruesome symptoms, physicians now also employed visual language to show the wonders of insulin therapy, presenting "photographs and verbal portraits of miraculous therapeutic success [to show] the potency of insulin as a heroic wonder drug."[37] Particularly evocative were before-and-after pictures of children, at first starving and emaciated, then healthy and weightier.[38]

The "weightiness" of diabetic bodies is also of contemporary concern, highlighting two reversals in the visual signification of the disease. Before the discovery of insulin, dietary management of diabetes left images of skeletal, undernourished patients. Today the opposite is true, as images of excessive, "fat" bodies in medical studies and news reports link the two epidemics of obesity and diabetes. Similarly, anthropologist Melanie Rock points out that "at the beginning of the twentieth century, diabetes was associated with affluence; one hundred years later, type 2 diabetes had become associated with relative poverty."[39] This identification of diabetes with lavish lifestyles was not unique to the period surrounding the discovery of insulin. To my knowledge, Thomas Willis was the first to connect diabetes to a moral standard compared to prior historical periods. Commenting on its rarity during ancient times, he wrote, "in our Age given to good fellowship and guzzling down chiefly of unalloyed Wine; we meet with examples and instances enough, I may say daily, of this Disease."[40] Willis thought this "ill manner of living" to be one cause of diabetes; the other is "sadness, long grief, also convulsive affections, and other inordinations and depressions."[41] To modern eyes, the first of these looks reasonable, the second psychological. Willis's idea that diabetes is linked to melancholic "inordinations and

depressions" resonates with a later nineteenth century researcher in diabetes, William Prout, who (mistakenly) thought that diabetes was "peculiar to mankind" and wonders, "can the exemption [of animals] be referred to that fertile cause of bodily disorder in human beings, the influence of *mind*?"[42] Such recurring psychological emphases suppose that diabetics can be visually identified by the emotional way they act, as with the stereotypes that older diabetics are cranky or lethargic. Gilman discusses such images of melancholy in representations of illness, arguing that they fill a cultural requirement to distinguish the Other.[43] But of importance to the diabetic body, or the fat body, or the poor body, is the secondary process where "the acceptance of these fictions as realities about the self" happens.[44] This is "the level of the internalization of such images in groups who are labeled as being at risk."[45] The notion that Prout's "mind," Willis's "inordinations and depressions," or Aretaeus' "shame" might play a role in causing the illness remains a murky part of diabetic etiology today, and is put to use in cinema's vision of diabetics. As Cardinal Lamberto says of Michael Corleone's diabetic faintness just before his first confession in thirty years, "the mind suffers, and the body cries out."

Monitoring Technologies of the Body

Although Dobson had found in 1776 that urine's sweet taste was a result of sugar that "previously existed in the serum of the blood,"[46] it was not until the introduction of the home glucose meter in the late 1970s that this knowledge became tangible. Glucometers report blood sugar levels within seconds as a two or three digit number. With inexpensive, portable glucometers, diabetes became firmly associated with blood. In 1980 the World Health Organization decided on a classification of diabetes that "came to hinge on the amount of glucose in the bloodstream rather than on the presence of sugar in the urine."[47] As an illness only

recently made technologically quantifiable outside of the hospital, diabetes relies on an especially domestic form of technology to render the body legible on a daily basis. It is odd, then, that the visible, boring routines of diabetic care--checking blood glucose levels before and after meals, injecting insulin or taking oral medication, measuring carbohydrate intake, and planning an exercise schedule--actually make the lived experience of the disease less visible. In using technology to transform blood into a number, the body's internal drama is easily displaced; its actual functions or failures are experienced secondarily to the reading on the meter.[48] For this reason, the drama of the post-insulin diabetic's life is really only in his or her failure--blindness, amputation, renal dysfunction, coma. While dramatic medical interventions for, say, a patient with cancer hopefully occur anterior to the full manifestation of the illness, today's diabetic has nothing as exciting, and he or she is left to invent a daily narrative. Thus diabetes, when managed properly, is an utterly banal secret, unfit as an exciting topic for any dramatic cinema.

With its boring repetitiveness, hidden nature, and moral work ethic, diabetic experience is strangely close to that described in Michel Foucault's 1975 study of prisons, *Discipline and Punish*, which traces how "discipline" changed in the seventeenth and eighteenth centuries. Becoming less punitively repressive and instead more gently insidious, new modes of discipline like the famous panopticon prison created self-regulating "docile bodies," and the individual, made to feel constantly observed, began to modify his or her own behavior.[49] With diabetes, this self-aware focus on the ethics of the body is drawn sharply by films that also raise the older form of direct, punitive power. This is the reason why diabetics appear with frequency in films involving criminality and law, such as diabetic convict Baby O in *Con Air*, preteen Sarah in *Panic Room* (David Fincher, 2002), the bank manager in *Dog Day Afternoon* (Sidney Lumet, 1975), Martin Cahill in *The General*, double-dealing Agent Hymes in *Big Nothing*, the daughter

of a blackmail victim in *Derailed* (Mikael Håfström, 2005), the father of a wrongly imprisoned woman in *Brokedown Palace* (Jonathan Kaplan, 1999), a bank robber in *Mad Money*, two dead women in *Memento* (Christopher Nolan, 2000), the hero police officer in *No Good Deed* (Bob Rafelson, 2002), and the amateur sleuth in *Who Killed Mary What'sername?* (Ernest Pintoff, 1971). In such films, diabetes is, perversely, a tenuous marker for the otherwise normal tedium of life. The banal routine of medical work and the perilous breakdown of self-management illustrate how provisional both the law and the diabetic's life are.

Art historian Jane Blocker discusses Foucault in the context of Native American performance artist James Luna, who has diabetes. Analyzing one of his performances, "In My Dreams: A Surreal, Post-Indian, Subterranean Blues Experience," Blocker focuses on how the glucometer "polices the boundaries of normativity."[50] Considering "Foucault's claim that in the culture of discipline, the body becomes an object 'perpetually offered for examination,'" Blocker insists that "the glucometer is an artifact that testifies to contemporary culture's devotion to technology and simulated knowledge."[51] For Blocker, and others who follow Foucault's critique of the relationship between medicine and power, the glucometer as a self-monitoring "artifact" offers a prime site of analysis.

In the diabetic filmography, the glucometer's explicit testimony to both the character's well-being and the larger system of normative self-policing is powerful, and hence rare. I know of only three films of nearly forty considered here that actually show a glucometer. One, the crime thriller *No Good Deed*, begins forthrightly with police officer Jack Friar (Samuel L. Jackson) checking his blood sugar and preparing an insulin injection. The film in fact even offers us the result of his glucose test, lingering as the meter counts down five seconds until the acceptable number 133 is displayed. Even considering the rarity of glucometers in cinema, this

scene is surprising since it positively shows Jack's entire self-maintenance routine. Unlike films such as *Steel Magnolias*, where insulin injection is either only inferred or wholly ignored, Jack's insulin injection is shown to be an integral part of the process of diabetic care begun with the glucose test. Thus, the viewer not only is given a palpable sense of the continuous relationship between glucose monitoring and insulin injections, but also is asked to provide evaluative support of Jack's self-control. Just as we watch him struggle to master a cello piece, our witness acknowledges his hard work and suggests how his routine self-maintenance must be made public in order to be meaningful. It might seem that his disease and difficulty with the cello make Jack a less-than-heroic figure, but by slowing down the initial encounter with diabetes, the film instead suggests something positive about Jack, namely that his experience with diabetes has made him a more levelheaded, patient individual. This is a reading emphasized by Jack's antagonist, criminal mastermind Tyrone (Stellan Skarsgård), who is labeled a "control freak." Jack, demonstrating his self-management at the film's outset, assures viewers that he is even more in control than the healthy Tyrone (who loses it at film's end) or the tempting femme fatale Erin (Milla Jovovich), whose missing toe nods towards the trope of diabetic amputation.

In *Meeting Daddy* (Peter Gould, 2000), viewers do briefly see a glucometer, but never the numeric result itself. The main reason is that the glucometer in *Meeting Daddy* is not used as a self-monitoring tool by the diabetic Colonel (Lloyd Bridges), but is always found in someone else's hands. It is strange to me when diabetics in films have others manage their illness, but even more odd is the fact that the Colonel's daughter teaches two healthy strangers how to use a glucometer and it never seems to occur to the Colonel to do it himself. One comedic scene is built around flustered Dot (Edie McClurg), the Colonel's new caretaker, who receives a flurry of complicated-sounding instructions from the daughter. Dot, overwhelmed by all of the details, is

then blown away when she learns she must repeat this arcane process four times a day. By presenting the Colonel's body as shockingly difficult to manage, *Meeting Daddy* treats the diabetic character as but a mindless figure. Yet, even though the Colonel is a bitter man whom we are not meant to identify with, by hiding his glucometer the film leaves viewers equally in the dark, as subject to one character's whimsy of revelation as the Colonel is to those taking care of him. In presenting some of the worst stereotypes about diabetics, *Meeting Daddy* supports Blocker's argument that the glucometer reveals our culture's "devotion to technology," even if this comes at the expense of an individual's health. Perhaps it should not surprise me to see diabetic characters being managed by nondiabetics, as I have already mentioned the recurring paternalistic attitudes towards diabetics. Nonetheless, I am struck by how often healthy others take part in the very personal actions of drawing blood or injecting insulin. In addition to *Meeting Daddy*, films that show diabetic management performed by non-diabetics include *Memento*, *The Godfather, Part III*, *The General*, *Scarecrow Gone Wild* (Brian Katkin, 2004), *The Planet of Junior Brown*, *Who Killed Mary What'sername?*, and *Gigli* (Martin Brest, 2003). Are these diabetic characters helpless, or frightened of needles? Or perhaps these examples actually indicate how healthy caretakers have more at stake in the care of diabetes?

Figure 2: Diabetic management performed by healthy others in *Memento* and by the diabetic heroine in *Warlock*. (Copyrights 2000, Newmarket; 1989, New World Pictures)

The only other film I know that shows a glucometer is *Panic Room*, which raises the narrative stakes by trapping a diabetic character without access to medication. Preteen Sarah (Kristen Stewart) is locked with her mother Meg (Jodie Foster) in their new home's panic room, hiding from burglars who want access to the secret room. At one point Sarah enters a diabetic coma, experiencing seizures, and Meg must exit the room to retrieve her daughter's medicine, managing to toss it into the panic room just as the villains lock themselves inside. The more humane of the burglars, Burnham (Forest Whitaker), gives Sarah a shot of glucagon at Meg's pleading, saving Sarah's life.[52] Before her life is threatened, Sarah's diabetes is never explicitly stated, and is only revealed through symbols and a few lines of dialogue: a bedside refrigerator stocked with orange juice and insulin; Meg's admonishment "hey, enough" to Sarah pouring a Coke; and a sleek digital watch that continuously displays Sarah's blood sugar. As with *No Good Deed*, viewers are able to read the results of Sarah's glucose tests unmediated, although she significantly hides the watch from her mother's eyes at one point. Even without understanding what the numbers represent, viewers can see the sequence 70, 57, 42 as a dangerous countdown.

Beyond the plot device, I am intrigued by the fascination *Panic Room* has with possibilities of technological transparency. This is clear in the architectural forms Fincher emphasizes throughout, especially the lavish care the swooping CGI camera pays to exploring the wired home with failsafe secret room, itself containing a doubling "bank of surveillance monitors that covers nearly every corner of the house" that viewers and characters alike revel in. The domestic techno-gadgetry in *Panic Room* buttresses Sarah's glucometer and its testimony "to contemporary culture's devotion to technology and simulated knowledge."[53] That this techno-devotion is lavished on a frail young girl is disturbing, but even more frightful is the linking of this girl's safety to strategies of vision. Sarah's advanced glucometer encapsulates the

other scenes where bodies are visually monitored by closed circuit cameras. In both *No Good Deed* and *Panic Room*, the glucometer arranges the viewer's acknowledgement of diabetic self-care, thus implicating the viewer in the process of control. The pure watchfulness of cinemagoers mimics the controlling relationship diabetic characters must endure, and is the central reason why the diabetic character in cinema is almost invariably portrayed as weak--every bite of chocolate or lick of ice cream or sip of soda can be read indiscriminately by viewers as an ethical failing of will.[54] Diabetic characters like Sarah mark a film's world as one where discipline is at stake, and a diabetic coding of excessive, out-of-control individuals asks the viewer to be ever more vigilantly observant.

For diabetic characters, this watchful function is generally occupied by paternalistic others; the glucometer might actually be rare in films not because it is undramatic and time-consuming, but because it is a sign of self-management. Cinema tends to place diabetics under others' protection; pediatrician Chris Feudtner, tracing medical records back to 1898, found that mothers are usually the principal architects of diabetic care.[55] *Panic Room* thematizes just such a narrative of female bonding centered upon a mother-daughter relationship. Meg and Sarah are adjusting to divorce, and in an early scene they discuss this and share a toast to excessive substances: red wine for the mother, Coke for the daughter. Meg, who at first stops her daughter from pouring more Coke for herself, next fills her daughter's glass as a concession to the difficulties the pair have faced (viewers see Meg finish her own bottle of wine later that evening). Indulging a bit on their first night in their new home, both figures are lulled into an immoderate calm. Meg also plays a very active role in monitoring her daughter's health in the panic room, continually quizzing Sarah on her symptoms and checking the glucometer watch. While it is positive to see female characters bonding, *Panic Room*'s emphasis on vision and

technology necessitates a paternalistic, monitoring attitude towards the diabetic character. We saw a similar relationship in *Steel Magnolias*, where Shelby's mother actually gave her daughter a kidney, becoming a stronger figure despite Shelby's tragic refusal to listen to her advice. Feudtner's surprising point was that the responsibility for diabetes management is a negotiation that lies outside of the patient; *Steel Magnolias* and *Panic Room*'s point seems, more simply, to be that mother knows best.

Figure 3: Three different glucose meters in cinematic use--the banal home meter in *No Good Deed*, the fantastic device from *Warlock*, and the techno-gadget watch in *Panic Room*. (Copyrights 2002, ApolloMedia; 1989, New World Pictures; and 2002, Columbia Pictures)

A Family Problem

Stuck between an individual self-ethics of control and paternalistic attitudes from others, cinema's diabetics have a certain family problem. Actually, the paternalistic mother-daughter plots of *Panic Room* and *Steel Magnolias* are exceptions to the rule that diabetic characters be parentless. Rather than show parents of diabetics, most films focus on parents with diabetes.[56] In diverse films like *Chocolat* (Lasse Hallström, 2000), *Soul Food* (George Tillman Jr., 1997), *Click* (Frank Coraci, 2006), *Nothing in Common* (Garry Marshall, 1986), and *Meeting Daddy*, diabetes works alongside a family plot to dramatize the difficulties of fractured families and to prove the restorative value of family bonding. In these films, the diabetic character is a somewhat stubborn and old-fashioned grandparent or adult parent who, by requiring a sacrifice from their children, teaches them an important life lesson.

Chocolat presents a number of divided families: there is Vianne (Juliette Binoche) and her daughter Anouk, who wander into a small French town and set up a chocolate shop during Lent, renting from self-described "cranky old woman" Armande (Judi Dench). Armande is estranged from her daughter Caroline (Carrie-Ann Moss), a single mother like Vianne who refuses to allow her son Luc to visit his grandmother. The Comte de Reynaud apparently has also been abandoned by his wife, and thus he takes a special interest when abusive husband Serge is left by Josephine, who joins Vianne at the *chocolaterie*. After Vianne sneakily reunites Armande and Luc by serving them a magical hot chocolate, Armande begins to thaw and spend time with Luc at the *chocolaterie*. But when Caroline discovers her son's deception, she is furious and, in front of Vianne, forces Armande to reveal her leg, which bears bruises from insulin injections. Employing the logic of addiction, Caroline "outs" her mother's condition by comparing her to a drug addict, equating sweets with rat poison and telling Armande she will be "blind within a

year." Towards Vianne, who is upset that she has been unwittingly exacerbating the stubborn woman's condition, Armande snarls "don't you dare pity me."

Armande characterizes Les Mimosas, a rest home where Caroline wants to send her mother, as a terrible place ruled by "a nurse with a clipboard recording my bowel movements." Armande's punning jab at those "anal" types who control everything coincides with the film's message, voiced at the conclusion in Père Henri's Easter sermon: "we cannot keep measuring our goodness by what we don't do, what we deny ourselves." In the debate between indulgence and abstinence, *Chocolat* favors sweets as a metaphor of transformation, bringing together otherwise narrow-minded, uptight citizens in a celebration of pleasure and life. This lesson in temptation is one that Armande aims more specifically towards her grandson. In their meetings at the *chocolaterie*, Armande gets Luc to "live a little" by telling him not to pay attention to his mother's "supposed to's." Luc's nose mysteriously bleeds during the film, notably when Armande dies, and this visually associates Luc with his grandmother's hidden diabetic condition. This thread is left unexplored, but seems to suggest an anemic poverty of spirit best overcome by chocolate and immoderation. This transformative reading makes it harder, however, to integrate Armande's character in the film's logic. *Chocolat* is a magical, fairy-tale narrative (it begins "once upon a time"), but the fantasy logic of fairy tales does not leave much room for the specificity of an illness like diabetes.[57] If one villager's dog can eat chocolate throughout, then how badly could a little cocoa harm Armande? As with *Steel Magnolias*, though, the diabetic character sacrificially chooses brief pleasure over life, dying after a final lavish birthday feast. Although Vianne is complicit in this, viewers understand that it is better for Armande to die than to be controlled by others.

Chocolat and the similarly magical *Witches* present European, fairy-tale versions of

diabetes. More in keeping with the actual reality of the diabetes epidemic are films that deal with African-Americans, who are almost twice as likely to have diabetes as non-Hispanic whites.[58] *Soul Food* offers a paradigmatic African-American family drama, following the dissolution of a once-strong Chicago family after the matriarch Big Mama (Irma P. Hall) is hospitalized for diabetes. A voiceover narration admiringly presents Big Mama as an inspiring figure of inner strength; she is the "rock of the Joseph family" who "always knew what to do at the right moment," hosting a weekly Sunday dinner of plentiful soul food that keeps the large family close-knit. Yet, Big Mama's refusal to manage her diabetes leads to amputation, then a stroke, and finally a fatal coma. The family instantly falls apart: one husband cheats on his wife with a cousin, another is arrested, and Big Mama's three daughters squabble over money.

Clearly, Big Mama's traditional Sunday dinner was what kept the fractious family together. The film bizarrely suggests, however, that such familial closeness can only come from a sacrificial refusal to self-govern. Big Mama reacts strongly to her daughters' insistence that she visit a doctor: "I don't need no doctor--nothing my salve, turpentine, or my herbs won't cure." Throughout, the film connects the idea of traditional African-American remedies and soul food with the history of slavery; the narrator suggests at the end that soul food developed during slavery as "our way to express our love for one another." That this loving tradition kills the one family member able to support the family is a shocking irony the film ignores. Earlier, during the first of many elaborate kitchen scenes, the naturalness of Big Mama's cooking is highlighted; she chastises a daughter for overseasoning, and deftly measures out the appropriate number of pinches. Her daughter is amazed that she never uses a measuring cup, but according to Big Mama, "soul food cooking is about cooking from the heart." Here, *Soul Food* raises the idea of "measure" versus the "heart," rejecting careful management in favor of pure experience. Clearly

Big Mama's no-nonsense, unmeasured approach to living is the major reason her health is poor, but it is hard to see how this privileging of tradition fits with the narrative, since Big Mama's death is a major blow that nearly ends the family. Her insistence on "cooking from the heart" has little value in light of her premature death, and in light of the racial aspect of the diabetes epidemic.[59] But, as with Armande in *Chocolat*, the diabetic grandmother is a character easily sacrificed so that a younger generation might learn the importance of family.

A more consistent use of diabetes to elaborate a family drama centers on metaphorical readings of patrimony. *Click*, *Nothing in Common*, and *Meeting Daddy* each feature multiple generations of males and a conflict exacerbated by diabetic illness.[60] In *Click*, architect Michael's (Adam Sandler) father (Henry Winkler) has diabetes. Introduced at the outset of the film, this detail proves almost incidental: there will be no hypoglycemia, no whiff of insulin, no dramatic hospitalization, and viewers learn that the father lives to be quite an old man, making it to seventy-seven. Michael however is conspicuously addicted to Yodels, Twinkies, and cupcakes, all forbidden pleasures to his father, and his own son Ben imitates his father's poor diet in an attempt to find common ground, shoveling ice cream down his throat and sneaking a Twinkie. *Click* thus uses sweets to show a non-diabetic character aggressively distancing himself from his family, rejecting his father's corny, old-fashioned values in favor of a career-oriented drive for success. In this sense, diabetes represents a maturity that Michael has yet to find.

Another film featuring a successful son hampered by an aging father is *Nothing in Common*, where "Mr. Awesome" David Basner (Tom Hanks) is a fast-rising advertising agent working to land a big deal. On the cusp of success, he learns that his mother Lorraine (Eva Marie Saint) has left his diabetic father Max (Jackie Gleason, diabetic in real life) after thirty-six years of marriage. Max, "the last of the old time salesmen," loses his job and imposes himself on

David's glamorous life. When, at a late-night jazz club, David catches a glimpse of his father's grotesquely gangrenous foot, it comes out that Max has been faking doctor's appointments and requires an emergency amputation. On the eve of Max's surgery, David is given one final task in order to land the big account, but he abandons his job to visit his father. As with *Click*, the moral lesson of *Nothing in Common* is that family should come before success, but Max, hampered with a wheelchair (he "lost his toes and part of one foot") and a new diet (or, at least, diabetic cookies), appears only slightly penitent in the face of his son's magnanimity.

Unlike *Click*, focused solely on a relationship between three men, *Nothing in Common* makes an issue of both of David's parents, in fact blaming Max's situation on Lorraine, who seems to be better off after leaving her husband. Max attributes his aloof and unloving lifestyle to Lorraine's honeymoon "frigidity." Lorraine's bodily failure to provide her husband sexual pleasure is equated with her failure to prevent his diabetes, and she tries unsuccessfully to shift the responsibility, twice telling her son "it's not my fault" and confronting Max "for doing what you did to yourself." But Lorraine betrays her own ignorance when she tells David "you don't die from diabetes," to which her son can only respond with exasperation. In this family plot, the real child is the diabetic Max, and while the film does not require Max to die, it does force the son to take care of the father when the mother leaves.

Meeting Daddy also features intergenerational conflict, although it is potential son-in-law Peter who must deal with the cranky diabetic. *Meeting Daddy* is grossly abusive of Peter's willingness to help his girlfriend's father. He discovers the Colonel's amputated toe preserved in a jar, he must continually gather and empty a "pee cup," perform glucose tests, and he breaks down a bathroom door thinking the Colonel has entered a diabetic coma. An extremely perverse view of an aggressive yet hapless diabetic, *Meeting Daddy* concludes with Peter's refusal to

further aid the crazy Southern Branson family. Diabetes is just another marker of their excess, like the Colonel's racist Confederate pride or the bickering siblings' proselytizing.

All three of these father-son films ignore the genetic components of diabetes and instead establish relationships around themes of personality, individual success, and a family's history of bonding. The parents and children in these films have, as explicitly stated in one title, practically nothing in common, and this curiously extends even to the hereditary body's threat of betraying itself. That there is a possibility that diabetes is in any way a family problem does not once play a factor in the children's narrative decisions; their accepting sacrifice of crotchety old diabetics is more about filial nobility than the possibility that they too could be in the same boat. In each of the films where diabetic parents or grandparents sacrifice themselves or their body parts to illustrate a moral lesson about family, viewers are never taught anything other than to be self-satisfied in the mistaken knowledge that this is only a problem for other generations.

Figure 4: Big Mama surrounded by her daughters in *Soul Food* and Jackie Gleason's out-of-control diabetic character in *Nothing in Common*.
(Copyrights 1997, Edmonds Entertainment Group; and 1986, Delphi Films)

Diabetic Horror

I began with an unintended instance of diabetic horror--Alfred Hitchcock's use of chocolate sauce for blood--and I will conclude with intentional uses of diabetes in horror plots. Unlike family dramas, where diabetic characters are marginalized, horror films like *The Ambulance* (Larry Cohen, 1990) and *Warlock* (Steve Miner, 1989) make diabetic iconography universally frightening. While such horror narratives are often even less believable than action thrillers like *Con Air* or *Panic Room*, films centered on diabetic heroes are both more sensitive in factually presenting diabetes and more truthfully expressive of lived diabetic experience. This can be seen even in unlikely cases, such as the trashy, low-budget, direct-to-video releases *Scarecrow Gone Wild* and *Candy Stripers* (Kate Robbins, 2006), both of which place diabetic heroes in such outlandish scenarios that it becomes nigh impossible to make metaphor of the disease. Kristin Thompson, in "The Concept of Cinematic Excess," borrows Stephen Heath's term to consider "those aspects of the [film] work which are not contained by its unifying forces--the 'excess.'"[61] Connecting this excess to the materiality of film production, Thompson envisions "that the critic's job might include the pointing-out of this excess," and that such "nondiegetic aspects of the image . . . are constantly present, a whole 'film' existing in some sense alongside the narrative film we tend to think of ourselves as watching."[62] Thompson's interests (and strategy) are prompted by the Russian Formalists, but I want to borrow her appeal that "an awareness of excess may help change the status of narrative in general for the viewer"[63] in order to explain how diabetes too can be read "excessively," both within individual films (for instance, the glucometer watch in *Panic Room* as a symbol of the surveillance of the larger domestic system) and between films (so that a diabetic filmography may be thought of that operates almost as a genre--a "cinema of control"). In short, the "excess" in those diabetic horror

films addressed to healthy viewers may be put to different ends by ill viewers.

The Ambulance, a terrific film written and directed by Larry Cohen, is the only horror film where diabetics as a group are victimized. Joshua (Eric Roberts) is a comic book artist who is aided by aging newspaper reporter Elias (Red Buttons) in tracking down a mysterious ambulance that kidnaps New Yorkers.[64] They discover that the ambulance only picks up diabetics, such as Cheryl, who in the opening scene is whisked away just as Joshua gets the nerve to ask her out. A scene at the hidden hospital reveals that a rogue doctor (Eric Braeden) is actually working to cure diabetes by perfecting a Frankenstein-like surgical procedure involving a "membrane" and a pig pancreas; the catch is that the experimental subjects will be killed.

Part of the fun of the film is the mystery over "who is" and "who isn't" a diabetic--could bitchy Nurse Feinstein be one? Or the roommate who just ordered a piña colada? Or Sandra, the police officer who helps Joshua? Playing up the surface invisibility of diabetes, *The Ambulance* suggests a lack of correspondence between the way people act and who they truly are. Joshua, for instance, has a difficult time convincing anyone that there is an evil ambulance at all. His heroism thus consists in remaining steadfast in his pursuit of Cheryl despite others' attempts to reassert the normality of the surface of everyday life. As a cartoonist (he works for Stan Lee), Joshua is already drawn to excess and adventure, and he becomes increasingly out of control as he tries to occupy a diabetic perspective to find the ambulance. The evil doctor seems shocked by the punitive force after him; he protests (underestimating the number), "I could have cured thousands of people." The film's conclusion thus draws out an ambivalent feeling; on the one hand is the emotional desire to see our heroine in distress rescued, and on the other is the intellectual desire to see medical knowledge advanced and diabetes cured. Cohen's film anticipates the ethical discussion regarding medical research in areas like stem cells, suggesting

as we follow Joshua that diabetics' problems might be everyone's problems. Yet Cohen's script equivocates by preventing the expected pair from being united: Cheryl wants to return to her boyfriend and Joshua must content himself with Sandra. In the end, Joshua is as frustrated as the evil doctor is, and viewers are left with the unsatisfactory feeling that neither get what they want. In this film, the horror of diabetes is what it might take to develop a cure.

In its fantasy version of a battle between good and evil, *Warlock* deploys an excessive diabetic iconography that can be read, following Thompson, as a kind of "whole 'film' existing in some sense alongside the narrative film." *Warlock*, for a number of reasons, is the best of all films to feature a diabetic character. A 17th-century warlock (Julian Sands) travels to the present in search of the Grand Grimoire, and is pursued through time by witch-hunter Redferne (Richard E. Grant), who enlists a modern day, bewildered Kassandra (Lori Singer). This is one of the rare films that show the materiality of diabetes management. The morning after the Warlock arrives, twenty-year-old Kassandra is leaving for her waitress job; dressed in hip, fashionable clothes, we see her prepare an insulin injection, with close-ups on the bottle, needle, and her abdomen. Rather than use this moment to show Kassandra as an ill, fragile character, the film's attention to visualizing diabetes care normalizes her. Throughout, Kassandra exhibits no signs of poor control or symptoms of diabetic excess; she even uses diabetes as an excuse to get away from an assertive police officer, suggesting a comfort with the disease that refuses stigmatization.

Warlock avoids the common course of marking its diabetic protagonist as a suffering patient, and instead uses the villain as a surrogate metaphor for the disease itself. The film stops short of equating the Warlock with diabetes, but the diabetic iconography throughout associates the battle against the evil Warlock with a greater medical struggle. Three examples: first, when the Warlock arrives in twentieth-century Los Angeles, he murders Kassandra's gay roommate

Chas while he cooks a healthy meal. The Warlock mocks human relationships with food by biting off Chas's ear and tongue, spitting the latter into a sizzling pan. The film's smash cut to an omelet at Kassandra's diner emphasizes the diabetic anxiety about consumption. Likewise, a Mennonite farmer later notices that the Warlock's presence alone causes grain to go bad, bread not to rise, and cream to sour overnight. Second is a curse the Warlock puts on Kassandra, aging her twenty years for each day that passes. As the film's special effects speedily propel her towards an early death, viewers see Kassandra turn into one of those familiar, old, combative diabetics. The secondary complications of diabetes are also referenced at the film's conclusion when the Warlock stabs Kassandra in the foot, a vulnerable body part for diabetics. Third, the film flips the association of blood with diabetes, focusing not on Kassandra's blood, but on the Warlock's. Redferne has a portable gyroscope-like device that, with a drop of the Warlock's blood, helps track the villain. Kassandra appears jealous of this, pouting when Redferne tells hers "tis this, his blood, that matters most." This fantastic glucometer requires continued monitoring in order to function, and repeatedly checking the Warlock's blood helps finally lead them to a Boston graveyard.[65] Here the reluctant Kassandra, who at first claimed the "only thing I have to worry about is insulin," becomes an unlikely heroine, stabbing the Warlock in the neck with salt water, a guard against the devil but also a nod to diabetes's ancient association with thirst.

A final mode of the diabetic filmography plays consciously with the threat of collapse represented to healthy individuals by diabetes. Numerous films use insulin as a means of murder to explicitly show non-diabetic characters suffering from problems diabetics face. Recently, for instance, insulin played a small role as a murder weapon or red herring in *The Black Book* (Paul Verhoeven, 2006) and *Basic Instinct 2: Risk Addiction* (Michael Caton-Jones, 2006). Two better known examples of this theme are the neo-noir *Memento*, where amnesiac Leonard (Guy Pearce)

likely murdered his diabetic wife by overdosing her with insulin, and *Reversal of Fortune* (Barbet Schroeder, 1990), which follows the true story of Claus von Bülow, who hired Alan Dershowitz to defend him against charges of attempted murder for overdosing his wife Sunny with insulin. In both of these films, the mystery of diabetes becomes a marker for truth itself. In *Memento*, one scene involves a woman repeatedly being given insulin injections by her amnesiac husband. She thinks he might be faking his memory loss, but her decision to use insulin as a sort of lie detector test results in her death. In *Reversal of Fortune*, one piece of exonerating evidence is that Sunny was hypoglycemic, and her final meal was a dangerous ice cream sundae. Not only instances of more publicity for diabetic iconography, these films point directly to the anxious "fear of collapse" that Gilman argues underlines all Western images of disease. Relying on the invisibility of the diabetic condition--the secret inside that lies outside of visual knowledge and which is hidden by personal discipline and insulin's transparent, life-saving properties--these films turn the miraculous wonder drug into an undetectable murder weapon.

Interestingly, insulin generated anxiety when it was first introduced. According to Chris Feudtner, the "self-directed home use of a potent--and hence dangerous--medication by injection was unprecedented. . . . [M]any doctors worried that patients placed in charge . . . would make potentially lethal mistakes."[66] *The Black Book* and *Reversal of Fortune* turn this fear around, casting suspicion on medical doctors who perversely use their knowledge. This was also the case with a string of films from the 1940s that used insulin in mystery plots involving doctors. *Dr. Kildare's Strange Case* (Harold S. Bucquet, 1940), part of MGM's successful Dr. Kildare series (1938-1947), starred Lew Ayres as the title hero who rescues a rival colleague's reputation with a risky insulin shock treatment on an insane patient, while *Fingers at the Window* (Charles Lederer, 1942), briefly finds Lew Ayres on the receiving end of an insulin injection from villain

Basil Rathbone. In *Shock* (Alfred L. Werker, 1946), evil doctor Vincent Price uses the cover of insulin shock therapy to attempt to murder a woman who witnessed him kill his wife. Finally, *Just Before Dawn* (William Castle, 1946), one of Columbia Pictures's "Crime Doctor" series (1943-1949), stars Warner Baxter as an amnesiac criminal mastermind turned criminal psychologist and tricked into injecting a diabetic with poison instead of insulin. These four medical crime films mark the earliest correlation of criminality, diabetes, and the careful policing of the boundary between the healthy and the ill, or the good and the evil. They, at times explicitly, liken a life-saving drug for the sick to a death-dealing drug for the healthy, and they point out the real danger in saving a diabetic's life: that the cure for some is a poison to others.[67]

Claude Bernard, a nineteenth century French scientist labeled the "Father of Physiology," entirely rethought his peers' assumptions regarding the pathological and its relationship to the normal. Opposed to conventional wisdom, Bernard's fundamental insight was that pathological conditions were not, with some imagined spiritual force, external to the human body, but rather that the pathological only differs by a matter of degree from the normal. Of diabetes, he argued "we may say we are all more or less diabetic: the body contains this disease like all others in an embryonic state."[68] The cinema of control established by the variously paternalistic and powerful characters demonstrates, as did Bernard, that the concerns of the ill should never be far from the concerns of the healthy.

Endnotes

I would like to express my gratitude for the support of John B. Ferguson at Bard College, who graciously provided me with many of the historical sources cited here. I would also like to thank the anonymous reviewers of *JMH* who provided many useful suggestions to an earlier draft.

[1] One reviewer of this manuscript expressed concern about my early association of diabetes with horror and fear. I do not intend to suggest that diabetic experience is horrific in actuality. Indeed, I argue the opposite: that since diabetic management is, more than anything, characterized by boredom, it necessitates a dramatic presentation to be made legible.

[2] According to the Centers for Disease Control and Prevention (CDC), 23.6 million people, or 7.8% of the population of America, have diabetes. See *National Diabetes Fact Sheet, 2007* (Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2008), 5, <http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2007.pdf> (1 July 2009). Other good websites to find medical information are maintained by the American Diabetes Association (http://www.diabetes.org/), the Juvenile Diabetes Research Foundation (http://www.jdrf.org/), and the Joslin Diabetes Center (http://www.joslin.org/).

[3] For example, see readers' comments posted on June 25, 2007 in D-Log Cabin blog; on January 28, 2008 in The Journey of Diabetes through a Mom's Eyes blog; on May 14, 2008 in Ride to Remedy blog; and on April 17, 2009 in Six until Me blog.

[4] M Forsberg, "Julia Roberts Faces a Test of Character," *New York Times*, 18 March 1990, H23.

[5] In the context of other films with diabetic characters, an associate producer for *Panic Room* queried in frustration, "when do you stop spoon-feeding the audience and experience the movie for what it is?" (D Glick, "Diabetes in the Movies: Is Hollywood Shooting in the Dark?," *Diabetes Health*, 1 November 2002, ¶47, <http://www.diabeteshealth.com/read/2002/11/01/

3036.html> [1 July 2009]). Rick Podell, the screenwriter for *Nothing in Common*, argues more bluntly that "advocacy in movies doesn't work" (Glick, ¶34).

[6] C R Smit and A Enns, eds., *Screening Disability: Essays on Cinema and Disability* (Lanham, MD: University Press of America, 2001), ix.

[7] Smit and Enns, ix.

[8] P K Longmore, "Screening Stereotypes: Images of Disabled People," in *Screening Disability: Essays on Cinema and Disability*, eds. Christopher R. Smit and Anthony Enns (Lanham, MD: University Press of America, 2001), 1.

[9] Longmore, 16.

[10] Three films not available for viewing were the drama *Sleeping Dogs* (Terrance Odette, 2006), the documentary *Alma* (Ruth Leitman, 1997), and *Promised a Miracle* (Stephen Gyllenhaal, 1988), a TV drama about a couple who try to heal their diabetic son through prayer.

[11] CDC, 1. All subsequent references appear in the text.

[12] *Oxford English Dictionary*, 2nd ed., s.v. "auto-."

[13] Although, "women who have had gestational diabetes have a 40% to 60% chance of developing diabetes in the next 5-10 years" (CDC, 2).

[14] To be clear, in *Steel Magnolias* Shelby had diabetes before her pregnancy, and so her decision to have a child was an especially selfish one, unlike cases of gestational diabetes, where becoming pregnant in some sense causes diabetes.

[15] A recent film, *Mad Money* (Callie Khouri, 2008), plays with this idea by having two would-be bank robbers discover a syringe in their partner's (Katie Holmes) purse. They assume she is a drug addict, never realizing she takes insulin injections. Likewise, in *The Planet of Junior Brown [Junior's Groove]* (Clement Virgo, 1997), a glucagon shot is mistaken for a heroin injection.

[16] For instance, the eighth and shortest principle of Joslin's ten-point "Diabetic Creed" is "that control of the diabetes is possible by diet, insulin and exercise, and that no deviation from this end should be tolerated," E P Joslin et al., *The Treatment of Diabetes Mellitus*, 9th ed. (Philadelphia: Lea and Febiger, 1952), 302.

[17] S Gilman, *Disease and Representation: Images of Illness from Madness to AIDS* (Ithaca, NY: Cornell UP, 1988), 1.

[18] Gilman, 2.

[19] Gilman, 2.

[20] S Ferzacca, "'Actually, I Don't Feel That Bad': Managing Diabetes and the Clinical Encounter," *Medical Anthropology Quarterly* 14, no. 1 (2000): 29.

[21] Ferzacca, 28.

[22] Ferzacca, 36.

[23] C Feudtner, *Bittersweet: Diabetes, Insulin, and the Transformation of Illness* (Chapel Hill: University of North Carolina Press, 2003), 97.

[24] Feudtner, 89.

[25] Feudtner, 97.

[26] Petra Kuppers discusses Shimon Attie in "Visions of Anatomy: Exhibitions and Dense Bodies," *differences: A Journal of Feminist Cultural Studies* 15, no. 3 (2004): 141-148.

[27] S Sontag, *Illness as Metaphor and AIDS and Its Metaphors* (New York: Picador, 1990), 3.

[28] Sontag, 58.

[29] Feudtner, 6.

[30] Aretaeus the Cappadocian, *The Extant Works of Aretaeus, the Cappadocian*, trans. and ed. Francis Adams (London: The Sydenham Society, 1856), 338, 339.

[31] Aretaeus, 340.

[32] F Henschen, "On the Term Diabetes in the Works of Aretaeus and Galen," *Medical History* 13 (1969): 190.

[33] Aretaeus, 338.

[34] Aretaeus, 338.

[35] T Willis, *Pharmaceutice Rationalis or, an Exercitation of the Operations of Medicines in Humane Bodies* (London: Drink, Harper, and Leigh, 1678), 83. Tasting a patient's urine became a diagnostic tool and the Latin word "mellitus," meaning "honey," was added by John Rollo in the late eighteenth century to distinguish from the unrelated diabetes insipidus.

[36] M Dobson, "Experiments and Observations on the Urine in a Diabetes," *Medical Observations and Inquiries* 5 (1776): 305.

[37] Feudtner, 9.

[38] See such images in Feudtner, 7.

[39] M Rock, "Classifying Diabetes; or, Commensurating Bodies of Unequal Experience," *Public Culture* 17, no. 3 (2005): 474.

[40] Willis, 79.

[41] Willis, 83.

[42] W Prout, *On the Nature and Treatment of Stomach and Renal Diseases*, 4th Revised London ed. (Philadelphia: Lea & Blanchard, 1843), 50.

[43] Gilman, 48.

[44] Gilman, 4.

[45] Gilman, 4.

[46] Dobson, 307.

[47] Rock, 471.

[48] This is even truer in the newest insulin pumps, which remain connected to the body and can be used to check blood sugar levels and deliver programmed boluses of insulin. Such quasi-homeostatic devices allow hands-on management of individual organs.

[49] M Foucault, *Discipline and Punish: The Birth of the Prison*, trans. Alan Sheridan (New York: Vintage, 1978), 135-169.

[50] J Blocker, "Failures of Self-Seeing: James Luna Remembers Dino," *PAJ: A Journal of Performance and Art* 23, no. 1 (2001): 23.

[51] Blocker, 23.

[52] Glucagon, a hormone with the opposite effect that insulin has (insulin lowers blood sugar, glucagon raises it), is an emergency treatment for hypoglycemia (low blood sugar).

[53] Blocker, 23.

[54] William Prout advised outright that "in diabetic cases, it will be much better to prohibit altogether the use of doubtful articles [such as sugar], than to allow a little of them to be taken: for the latitude which inclinations gives to the term *little*, and the want of stoicism to resist, are certain to lead to abuse and all its consequences" (55). Such rigor led to the idea that sugar causes diabetes, or that sugar is in itself deadly to diabetics.

[55] Feudtner, 187.

[56] As noted earlier, the medical data match this since 23.1% of people over age 60 have diabetes (CDC, 5). However, Type 2 diabetes is typically treated with oral medications and a change in diet and exercise, not the insulin we see in so many films. In fact, while only 27% of diabetics use insulin, I know of no film where a diabetic takes oral medication. What results is a confusion between stereotypes of older Type 2 diabetics and the drama of insulin injections.

[57] The same problem arises in *Witches*. The grandmother has a "very mild case of diabetes" that "a good holiday by the seaside" will make "right as rain" and "good as new."

[58] The groups most at risk for diabetes are American Indians and Alaska Natives, who are 2.5 times more likely to have diabetes than non-Hispanic whites (CDC, 7). A Mexican immigrant version of a family story with a diabetic character is *Bread and Roses* (Ken Loach, 2000), but there the white father's illness causes problems.

[59] Work on the racial aspects of diabetes has focused on American Indians (Blocker) and Aboriginal groups in former colonies (Rock). See also Leslie Sue Lieberman, "Diabetes," in *The Cambridge World History of Human Disease*, ed. Kenneth Kipple (Cambridge: Cambridge University Press, 1993). Another film with a predominantly African-American cast is *The Planet of Junior Brown*, where piano prodigy Junior's single mother is diabetic.

[60] *It Runs in the Family* (Fred Schepisi, 2003) is a fourth film worth mentioning. Starring three generations of Douglases (Kirk and Diana, Michael, and Cameron), the film traces a dysfunctional New York family. The film begins with Kirk Douglas's character at the doctor's and concludes with him lying down on his son's couch just after an insulin injection.

[61] K Thompson, "The Concept of Cinematic Excess," in *Film Theory and Criticism*, eds. Leo Braudy and Marshall Cohen (New York: Oxford University Press, 1999), 487.

[62] Thompson, 489.

[63] Thompson, 496.

[64] Red Buttons, diabetic in real life, had earlier played a diabetic sleuth and ex-boxer in *Who Killed Mary What'sername?*.

[65] Some viewers may also recall that Boston is home to the Joslin Diabetes Center.

[66] Feudtner, 100-101.

[67] What better cinematic examples of Jacques Derrida's discussion of Plato's *pharmakon*, both remedy and poison, as well as an early analogy for diabetes stem-cell research debates? See Jacques Derrida, "Plato's Pharmacy," in *Dissemination*, trans. Barbara Johnson (Chicago: University of Chicago Press, 1981).

[68] My translation of "Nous pouvons dire que nous sommes tous plus ou moins diabétiques: l'organisme renferme cette maladie comme toutes les autres à l'état de germe," C Bernard, *Leçons sur le diabète et la glycogenèse animale* (Paris: J.-B. Baillière et Fils, 1877), 70.

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